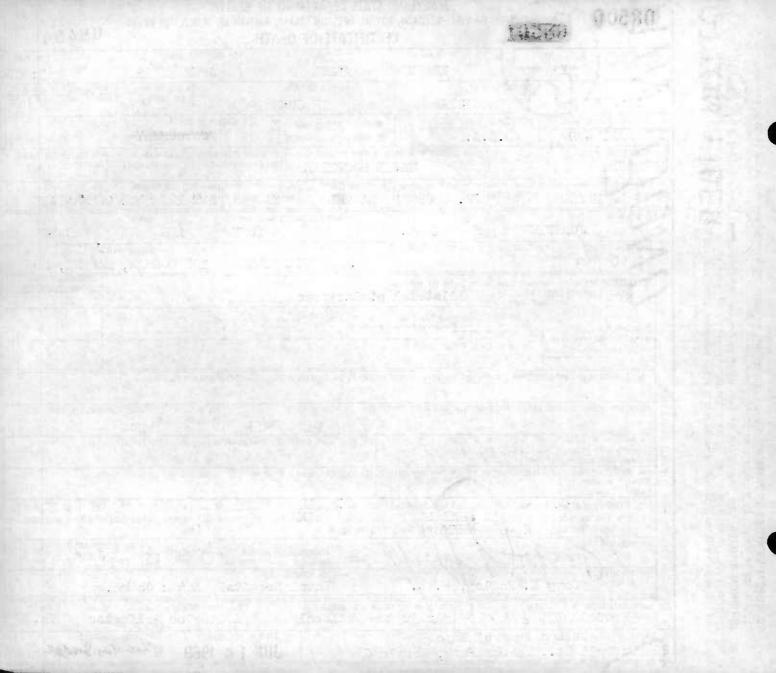
FeMALE WHITE WILLIAM 1892 last birthday) TRS. MONTHS DAYS	2b. HOUR 2b. HOUR M FUNDER 24 HRS.
(Type ar print) FRANK W. FREENITTAY Month Day Year	150 M
3. SEX 4. RACE S. DATE OF BIRTH Jan 1892 6. AGE (In years 7 If UNDER LYEAR last bythday) FRINALE WHITE	1530 M
3. SEX 4. RACE 5. DATE OF BIRTH Jan. 1892 6. AGE (In years) 1 FUNDER LYEAR IN MONTHS DAYS FROM ALC 4. RACE 5. DATE OF BIRTH Jan. 1892 6. AGE (In years) 7 MONTHS DAYS FROM ALC YRS.	T HAIDED DA HOC
FEMALE WHITE WILLIAM TOPE IN STRUCTURE ON ST	HOURS MIN
	MIN MIN
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
A BOSC NO NET DIVORCED IN MIDOWED DIVORCED IN MIDOWED DIVORCED IN MIDOWED	Md.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) 12b. KIND OF BUILDING (Where deceased lived, if institution: Residence before admission) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e. STREET AND NUMBER 13e. STREET AND NUMBER	ISINESS OR
13a. USUAL RESIDENCE (Where deceased liver), if institution: Residence before admission) STATE VIRGINITY 186 COUNTY ALEXANDRIA YES NO 2905 BOSWELLA	11/5
14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle FANNY - Russe	LOST
	1
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or ynknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH WAS CAUSED BY: 19. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause (b). 19. COP ON AS A CONSEQUENCE OF Color on any thrombosis, old and report (c) 19. Advanced coronary arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF THE RIP NOT PERATE TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART (c)	10.
1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMA BETWEEN ONS	
PART I. DEATH WAS CAUSED BY: Myocardial infarction, old and acute	I AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which gove) (b) Coronary thrombosis, old and remember	
rise to immediate cause (a), (b) graph of the underlying cause (c), (c) DUE TO, OR AS A CONSEQUENCE OF	
Conditions, it any, which gove rise to immediate cause (a), stating the underlying cause lost. (b) Coronary thrombosis, old and remetical control of the state of the underlying cause lost. (c) Advanced coronary arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
Sold	
Cerebral infarctions, old, left basal ganglia due to arteriosclerosis.	
Cerebral infarctions, old, left basal ganglia due to arteriosclerosis. 200. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO (AUSES OF DEATH?) YES NO (CAUSES OF DEATH?)	TFYING
YES - NO - CAUSES OF DEATHY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW IN IURY OCCURRED (Enter nature of injury in Port 1 or Port 2 them 18.)	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
Cerebral infarctions, old, left basal ganglia due to arteriosclerosis. 190. Date of operation 19b. Condition for which operation was performed 200. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSEs of DEATH? 190. Date of operation 19b. Condition for which operation was performed 200. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSEs of DEATH? 190. Date of operation 19b. Condition for which operation was performed 200. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSEs of DEATH? 190. Date of operation 19b. Condition for which operation was performed 200. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSEs of DEATH? 190. Date of operation 19b. Condition for which operation was performed 200. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSEs of DEATH? 190. Date of operation 19b. Condition for which operation was performed 20c. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSES OF DEATH? 190. Date of operation 19b. Condition for which operation was performed 20c. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSES OF DEATH? 190. Date of operation 19b. Condition for which operation was performed 20c. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSES OF DEATH? 190. Date of operation 19b. Condition for which operation was performed 20c. AUTOPSY? 20b. If YES, WERE FINDINGS CONSIDERED IN CERE CAUSES OF DEATH? 190. Date of operation 19b. Condition for which operation 19b. Condition for was performed 20c. AUTOPSY? 20c.	State
22a. I certify that (I) (this hospital attended the deceased from 1957, ta Aline 23, 1967, that (I) (we) last
saw the deceased alive an 1964, and that in (my) (our) apinion death accurred an the date and haur an causes stated abave, (I) (we) (did not) view the bady after death.	d fram the
22a. I certify that (I) (this hospital nattended the deceased from 1907, 1907, ta day and the deceased alive an 1907, and that in (my) (our) apinion death accurred an the date and haur and causes stated abave, (I) (we) (a)d) (did not) view the bady bifter death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIANS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23o. BURIAL, CREMATION, 23b. DATE 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CREMATORY 23d. LOCATION (City or Tawg) Causes STAFF 22c. DATE SIGNED 23d. LOCATION (City or Tawg) Causes STAFF 22c. DATE SIGNED 23d. LOCATION (City or Tawg) Causes STAFF 22c. DATE SIGNED 23d. DATE OF CREMATORY 23d. LOCATION (City or Tawg) Causes STAFF 23d. DATE OF CREMATORY 23d. LOCATION (City or Tawg) Causes STAFF 23d. DATE OF CREMATORY 23d. LOCATION (City or Tawg) Causes STAFF 23d. DATE OF CREMATORY Causes STAFF Causes STAF	10
22d. PHYSICIAN'S NAME (Type) M. a loo M. H. T. V. M. DEGREE PHYS. DIRECTOR	571
A THE ED INCHELLY IND SHIW. COURTED DETHESON	1114
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Young) (County)	(State)
	10.
VR A15 VR A15 TOSEPH CAWLER'S COUS, WASHINGTON, D.C. DAIN 26 1969 CHORLES SIGNATURE	

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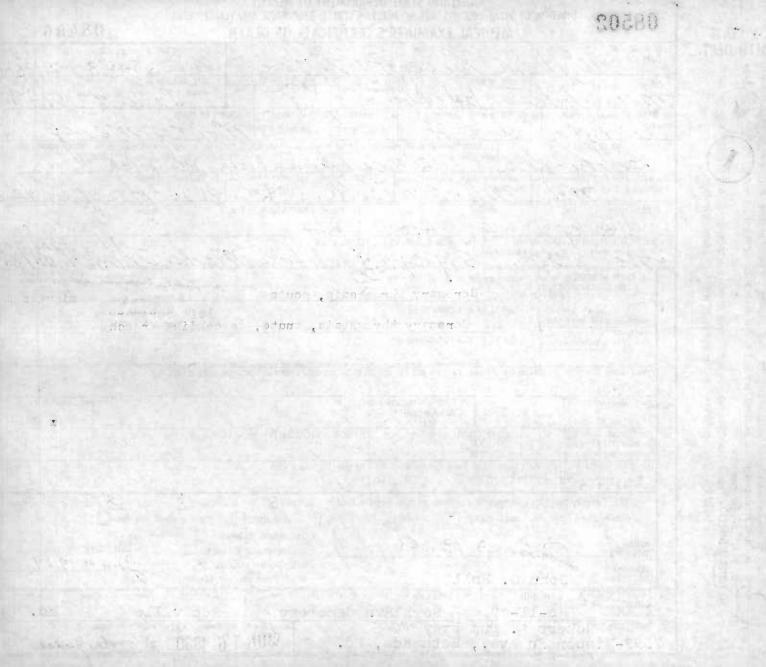


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08495 CERTIFICATE OF DEATH 1. DECEASED-NAMI Middle death. Last 2a. DATE OF DEATH 2b. HOUR . (Type or print) Month Allen Perry Bartholow June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) White October 25,1897 DAYS Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Washington D.C. DIVORCED TO WIDOWED [Montgomery within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) please remave carban INDUSTRY Takoma Park Washington Sanitarium & Hd Printer event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY omerv 7804 Carroll YESTE NO akoma Park Avenue Maryl and and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Last Mae (May) Allen certificate be Thomas Meford E. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) 1 (If yes give war ar dates of service) 579-09-5010A Patient's chart removal. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gave) burial-transit that 1 rise to immediate cause (o). DUE TO OR AS A CONSEQUENCE OF physician. stating the underlying cause signed & burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE FEMINAL DISPASE OR CONDITION GIVEN IN PART 1(6) has been as the priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use YES TO af Health **DIRECTOR:** After this certificate ge 3 shauld be detached far us Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) P.M directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While I Not whi City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased fram May saw the deceased alive an gune 22 1969, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S TO FUNERAL 22e. ADDRESS NAME (Type) Aaron H. Traum, M.D 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23g. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) Glenwood Cemetery Washington. 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) The S. H. Hines Company Washington. DC

Derinal Colympian Carried Commission Nothing Co. -. C.

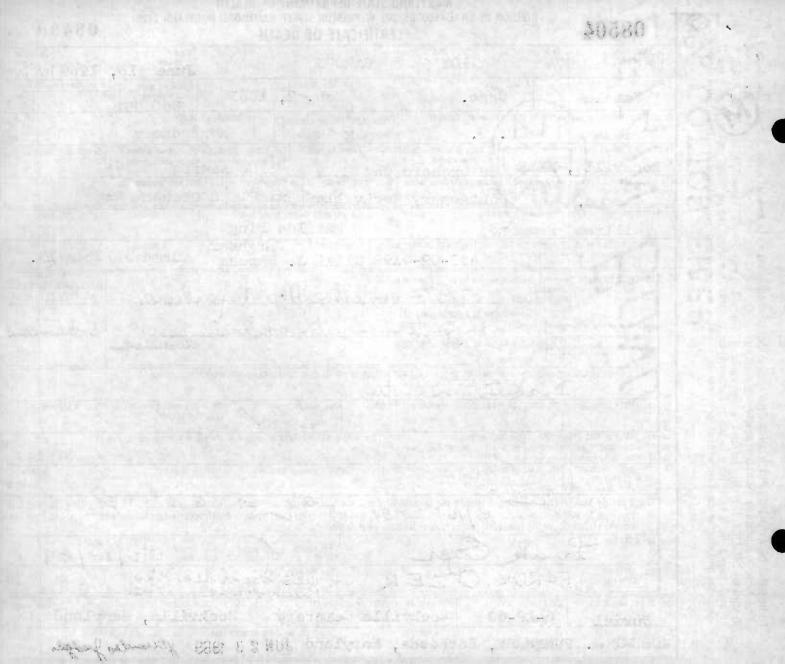
	08502 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08496
HEALTH DEPT.	1. DECEASED-NAME First, Middle , Lost / 20. DATE KNOWN Month Do	by Year 2b. HOUR
i e a	(Type or Print) William Trescett Tellen DEATH MATED & June	8 1969 1:00 N
d 3 ta d 3 ta Page lent af	3. SEX 4. RACE / S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2-and 3 PM3 Pa PM3 Pa partment	male Ville to Jane 122 194 (5 YRS) MONTHS DAYS HOURS MIN Month June 8	>Year 10/9445
DO 100	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?) 8. MARRIED 9. COUNTY OF DEATH /	170/11/pm
-E &	country Leongia U. J. H. WIDOWED DIVORCED Mont gome	all u
Pages With for	10. CITY OR TOWN OP DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hespital 12a, USUAL OCCUPATION (Kind of work done 12b)	b. KIND OF BUSINESS OR
ve Page		DUSTRY
E Sign	130. USUAL RESIDENCE (Where decegsed lived, if institution: Residence before 13c, UPTOR TOWN) 13d. INSIDE (ITY LIMITS? 13e. STREET AND NUMBER	
s afte 18. Gi alon 2 with death	odmission) STATE MIL 13b. COUNTY Ant. Co John, YES NO GOOD - Have	onder la
haurs Item 1 Office 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost
executed within 24 haurs after death shading.' in pencil in Item 18. Give Page Medical Examiner's Office alang with the State to permit. File pages 1 and 2 with the State int within 72 haurs after death.	(1) pst/ps) C. Alps/ FAA 5 4	GESPOTT
rhin 24 nocil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT / ADDRESS 49	15-216-21
ithiu enclumir mir pa	(Yes, no, or unknown) ((1) yes give year or doles of service) 579-09-42 Fach Leeker Mather Jr. 17	20 H mile
y with per Exarr File	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
executed and and and and and and and and and an	DADT I DEATH WAS CAUSED DV	BETWEEN ONSET AND DEATH
xec din Aed per t w	IMMEDIATE CAUSE (a) Coronary thrombosis, acute Use TO, OR AS A CONSEQUENCE OF	minutes
e e e e e e f M e f M sit	Conditions, if ony, which gove (b) Copenary thrombosis, agate, descending branch	
Id b Id b Chi Chi	rise ta immediate cause (a),	
shauld be e ward "p the Chief rurial-transi	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te shauld be e the ward "per to the Chief I a burial-transit nd in any ever	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
TY SICAL EXAMINER: This certificate shauld be executed within 24 haurs after dy, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give stal director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along to be retained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.		
yartifi var	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, v forv forv emo	WAS PERFORMED?	YES 🖈 NO
INER: This certificate, writ should be forwar files. 3 should be used nation, ar remaya	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
R: ertif ould ould	PRIMARY OF CONTRIBUTING DOWN A.M. CAUSE OF DEATH P.M. 19	
INER e cer shaul files. 3 sho atian	CAUSE OF PERSON	Caunty State
ICAL EXAMINER: • execute the cert far. Page 4 shaule ed far your files. CTOR: Page 3 shou burial, crematian.	WHILE NOT WHILE factory, office building, etc.)	
EX cute age al, c	22a. I certify that I toak charge of the remains described above, held an Autopsy, Inspection , Inquiry	ond in my opinion
exe exe or for for the formula	death resulted fram: Natural causes , Accident , Suicide , Hamicide . Undetermined manner	
please directs transfer to birects or to b		
dill dill	ACTUAL SIGNATURE SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 226. DATE SIG	NED
Pri pri	SIGNATURE PROJECT CAMPINED	9 19 69
February fun	EXAMINER'S NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	1,1.10
necessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health prior to burial, crem		ounty) (Stote)
1 2	23a. BURIAL REMATIONX 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Constitution of the control o	Md.
On.	24. FUNERAL DIRECTOROBERT A. Pumphrey ADDRESS 250. RECUBER REGISTRAR 25b. REGISTRARS SIGN	
VR A15ME (5)	7557-Wisconsin Ave., Bethesda, Md. DATJUN 16 1969 gClearly	as Judge
10M REV. 1/68	I was in the state of the state	A) Section of the

MAKILAND STATE DEPARTMENT OF HEALTH



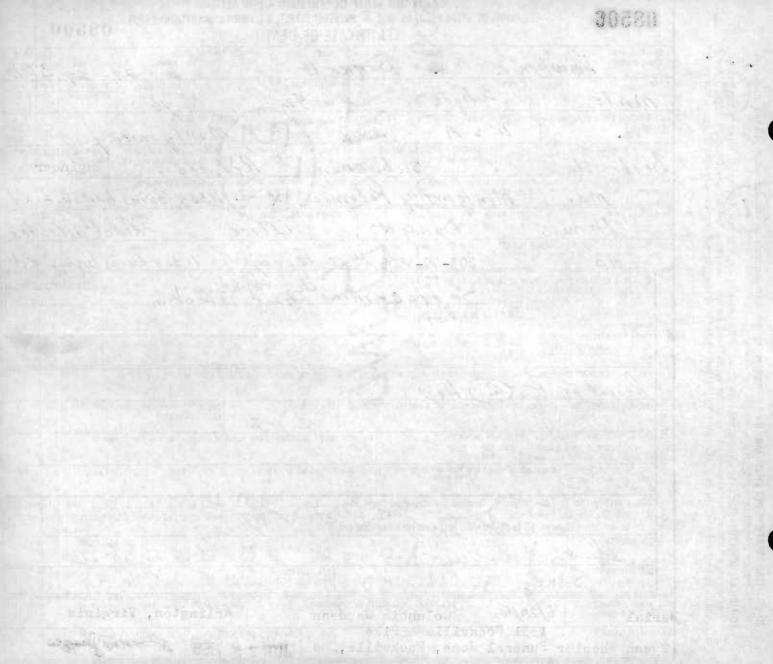
	-08503 tem23 FilmGull	DIVISION OF VITAL RECORDS, 7/1/69 kk		TE OF DEA			08	1497
	DECEASED-NAME First (Type ar print) IMA	JEWEL	A	UGUSTAT	2a.	DATE OF DEATH		2b. HOUR 4:45A
3. 5	FEMALE	4. RACE CAUCASIAN	S. J.	DATE OF BIRTH ANUARY 2:	2, 191	8 6. AGE (In year last birthday)	YRS. IF UNDER	P I YEAR IE UNDER 24 HRS. DAYS HOURS MIN.
car	BIRTHPLACE (State ar fareign untry) TEXAS	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED [NEVER MARRIED DIVORCED	M	unty of DEATH ontgomery		M
X :	city or town of death Bethesda	11. NAME OF HOSPITAL OR INS givN3V244eMospi	tal	du	usual occ	UPATION (Kind of work working life eyen if ret USEWITE	dane 12b. ired.} INDt	KIND OF BUSINESS OR USTRY
13a ada	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before	Rockvi.		NO NO	13e. STREET AND NUME 1001 Rocky		ike, Apt.
14.	FATHER'S NAME First	Middle Last		OTHER'S MAIDEN			idie	Last
160	Allen D. WAS DECEASED EVER IN U.S. ARN Yes, no or unknown) (If yes give w	Simmon MED FORCES? ar or dates of service) 16b. SOCIAL SECURITY N	10. 17. INFO	RMANT (Hus		Maude 1001 Rd TAT, Apt#131	akville 1.Rock	Perry Pike,
TION		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO		HE TERMINAL DISEA	SE OR CONDITI	ON GIVEN IN PART 1(a)	DINGS CONSIDED	EU IN CEDTIEVING
CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN			YES 💢	NO 🗀	CAUSES OF DEATH?	Yes	
MEDICAL (OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year p.M. 19			ì			
~	While Not while at wark 22a. I certify that (this saw the deceased all	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. s haspital attended, the decease ive an June 1, (N) (we) (did) (CACNOC) view the l	d from May	10, main (m/r) (au		ta June 17 death accurred an t	_, 19_69_ he date and	
	22b. SIGNATURE a. a	Musca, LCDR MC USN	DEGREE	ATTENDING PHYS.	MED. DIRECTO	al, Bethesd		ne 1969
230	BURIAL, CREMATION, 236, 1 EMOVAL (Specify) 73	DATE 23c. NAME OF C	EMETERY OR CRI	MATORY		LOCATION (City or Town AUSTIN		
24.		PUMPHREY ADDRESS nsin Ave. Bethesd	a Md	2Sa.	EC'D BY REGI		STRAR'S SIGNATU	

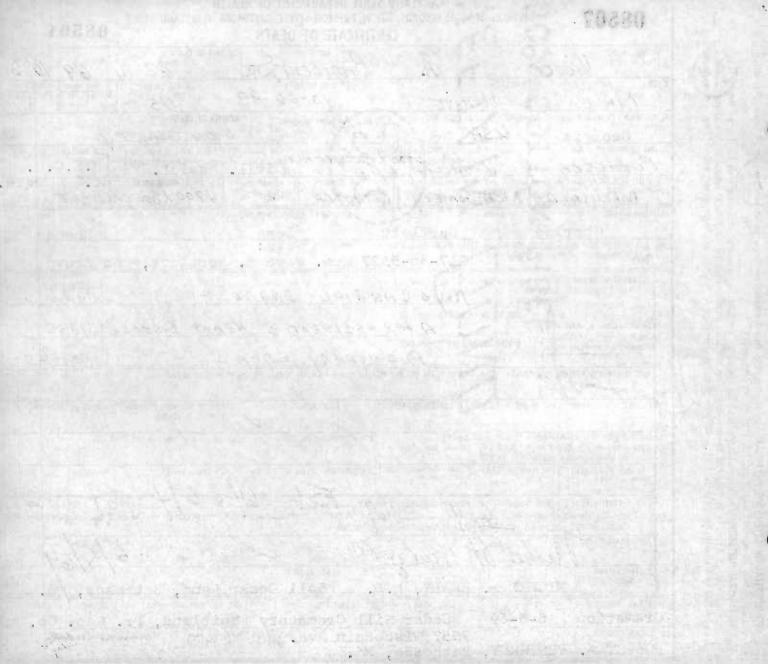
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1	Them 22a Film 414 MARYLAND STATE DEPARTMENT OF HEALTH 7-14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08499
HEALTH DEPT.	1. DECEASED NAME First Middle Last 20. DATE KNOWN Month	Day Year 2b. HOUR
in 0 0 €	(Type or Print) GEORGE B. BARIANOS DEATH MATED JUNE	29 19/4/212 N
deloy ind 3 to 1 and 3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 14 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months Days Hours Min. Days Months Days Hours Min. Days Months Month	2d. HOUR
	MALE WHITE 2/18/37 32- YRS. JUNE 29	Yeor 1969 2 PM
- E Q	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
te for se	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done)	12b. KIND OF BUSINESS OR
offer death S. Give Pages along with for titierne State	give street address) during most of warking life, even if retired.)	INDUSTRY
	13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission). STATE 13b. COUNTY 13b. COUNTY	2
00 0	DARYLAND MONTGODERY XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EN MARIO
24 haurs in Item 1: r's Office ss 1 and 2	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	lost
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	AKARIS
	(Yes, no, ar ynknawn) (If yes give war or dates of service) yes Mrs. Herlenda Rarianos 3913 Mine	den Rd. Wheat
be executed wir "pending" in pe nief Medical Exar ansit permit. File event within 72	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: The part is a second of the control o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medical E t permit. E	IMMEDIATE CAUSE (0) Thrombosis, superior & inferior yena caya	
excend end f Me	DUE TO, OR AS A CONSEQUENCE OF	
d be d "pe Chief ransi	Canditions, if ony, which gave (b) phlebitis	5 days
shauld be e shauld be e ne ward "pen to the Chief N burial-transit I in any even	stoling the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF	
the value of the v	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	51 days
certificate should writing the ward the Cf read as a burial-transval, and in any		
nis certifi ite, writir farward be used a	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Ite	20. AUTOPSY?
i= = = = = = = = = = = = = = = = = = =	WAS PERFORMED?	YES NO
# 0 = .	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOURAM 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Ite	
INER: Te certifice should b files. 3 should a should interior, or	E CAUSE OPPEATH 200 P.M. 5/10 19 69 Commy new years	
	fortary office huilding etc.)	County State
L EXA eccute Page for you R: Pag		Montgomery Mil
ICAL E executor. Por ed for CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry death resulted fram: Natural causes Accident Suicide Homicide Undetermined monner	
please please I director retained L DIREC	[]	
y, ple eral dispersion prior	ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNA	IGNED
EPUTY DICA start, please expression, please expression, please expression, and be retained in the prior to burn to bur	7036 Old George Toeney MEDICAL EXAMINED IN	.30,1969
necessary, please execute the funeral director. Page 4 5 may be retained for your 10 FUNERAL DIRECTOR. Page Health prior to burial, crem	NAME (Type) John G. Ball, M. Rd., Beth, Md. ADDRESS(Street, city, town, ar caunty)	
TO DI the the TO Fu	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	Bremoval (Specify) July 2, 1969 Gate of Heaven Silver Spring M.	
VR ATSME (S)	24. FUNERAL DIRECTOR Glen Carter CADDRESS Gaile, S.S. PAUL 7 1969 Clark	
10M REV. 1/68	warner (. rumphicey, onc., or) + ya., he., pare (1969)	Just

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18 - 1		08508	DIVISIO	N OF VITAL RECORDS,	301 W. PI			TH RE, MARYLAND 21201	08502
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s after the fur oges 1	3. 9	MALE	4. RACE	ICAS I AN		5. DATE OF BIRT 26APR I		6. AGE (In yeors lost birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
24 hours	COF	BIRTHPLACE (Stote or foreign ntry) MASS		OF WHAT COUNTRY?	8. MARRIED (WIDOWED [DIVORCE	ED 🗍	UNTY OF DEATH MONTGOMERY	Md.
ond competely filled in one seems within 24		CITY OR TOWN OF DEATH BETHESDA		11. NAME OF HOSPITAL OR IN	ITAL		durin CONGF	UPATION (Kind of work done	12b. KIND OF BUSINESS OR USUSTICOVERNMENT
e executed withing and completely fremfore carbon hong eyent, with	odn	USUAL RESIDENCE (Where deceose ission) STATE MASS	d lived,/if	institution: Residence before UNTY	13c. CITY OR SALEM		d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 35 WARREN	ST.
be ex		FATHER'S NAME First GEORGE		J. BATI	ES	NORA	DEN NAME First	Middle UNK	JENN INGS
ertificate by physician (propose) oval, and in	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY 035-12-43		NFORMANT S. PEARL	E BATES	1710 HOLLY S	T. N.W., WDC
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral ends should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be detached for use os the burial, cremation, ar removal, and it hany event, within 2 hours after death and with the State Dept. at Health prior to burial, cremation, ar removal, and it hany event, within 2 hours after death	Z	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove rise to immediate couse (o). Stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	BY: TE CAUSE (o DUE TO (I DUE TO	O, OR AS A CONSEQUENCE OF (c)	4 CELL			ION GIVEN IN PART 1(o)	BETWEEN ONSET AND DEATH
The law ottendin hos been see os the prior t	CERTIFICATION			OR WHICH OPERATION WAS PE		20o. AUTOPSY	NO [20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
SICIAN: spital or srtificate ed for u	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR	TIME OF INJURY R.A.M. Month Doy Yeor P.M. I	9			re of injury in Part 1 or Port 2,	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the buriol-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and		While Not while 22a. I certify that (t) (this saw the deceased al couses stoted obove 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) L. RA	YMOND	office Building, ETC I) attended the deceas June 22 (did) (diningt) view the LCDR, MC, US	ed fram969_, one body ofter d	March 13 I thot in (XEXX) leath.	AL HOSP	STAFF Z 22c.	County Stote 2.69., that XII) (we) last ote ond hour and from the DATE SIGNED 22.JUN69
TO HO: Poge of Function of Should			ATE 6/26	5/69 23c SNAME OF		CEMETERY		LOCATION (City or Town) SALEM	(County) (State) MASS
VR A15 (4) 45M - 1/69		ENERAL DIRECTOR JOSEPH GAWLER 5	130 W	ISCONS IN AVE	,N.W.,		SO. REC'D BY REG		s signature

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1 1 . 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		08509 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08503
HEALTH DEPT.	1 0	ECEASED-NAME First , Middle CLast 2a. DATE KNOWN Manth	Day Year 2b. HOUR
		Type or Print) Willie Lee Battle JR. DEATH MATED & G.	30 1969 3 AM
Po 3	3. S	EX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
ny dela 2, and PM3.		nale 1/4/0 1/28/4/ 27 yrs. June 30	Yeor 149 38 M
50	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7100 + GOMERY	
oth Poges 1, ith form	_	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done	12b. KIND OF BUSINESS OR
Give Poges 1, and with form		Betherds give street address) during mast of working life, even if retired.)	INDUSTRY
of old wil		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN Admission) STATE 13b. COUNTY ROCKUILE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 714 LENson	E ANE
hours Office Office Office offer d	14. 1	ATHER'S NAME First Anddle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
		Willie Lee Battle Se Elizabeth	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 18. INFORMANT 19. INFORMANT	11 11
^ :-			APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain, severe	BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave (b) Trauma from a motorcycle accident	sudden
should e word b the Ch ouriol-tra in ony		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
s certificate she, writing the forwarded to emoval, and ir	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
or certific its, writin forward be used or removal,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 5 0 0 1	RTIFIC		YES 🗷 NO
4 0	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Month, Day, Year HOUR A.M. 6/30 1969 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 2, 1) Local Control of the Market	
= 9 × ≠ € 5	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) WHILE AT WORK AT W	County State
ecute ecute Poge or y or y al, c		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	ond in my opinion
itor. Pogred for purial,	1	deoth resulted from: Noturol couses 🔲, Accident 🔀, Suicide 🔲, Homicide 🔲, Undetermined monner	
y, pleose ral directive retoine eretoine (AL DIREC	1	ACTUAL OLD SO CHIEF MEDICAL EXAMINER CONTRACTOR CONTRAC	
ny, period		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER CO. DEPUTY MEDICAL EXAMINER	SIGNED 30,1969
o DEPUTY BICAL EXAM necessary, pleose execute the funeral director. Poge 45 may be retained for your o FUNERAL DIRECTOR: Poge Health prior to burial, cren	18	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	74 3011101
TO DEPU necessor the fun 5 moy 70 FUNE Heolth	230	BURIAL, CREMATION, 23b. DAJE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
al		BURIAL 7/3/69 Lincoln Park Cem. Rockville	Monty, Md
VR A15ME (5)	24	FUNERAL DIRECTOR L'Suouden Rockville Md DATE 11 7 1969 Colons	SIGNATURE /
10M REV. 1/68		Polest L. Subuden Rockville, Md, Datelle 7 1969 Millians	Cod Xundan

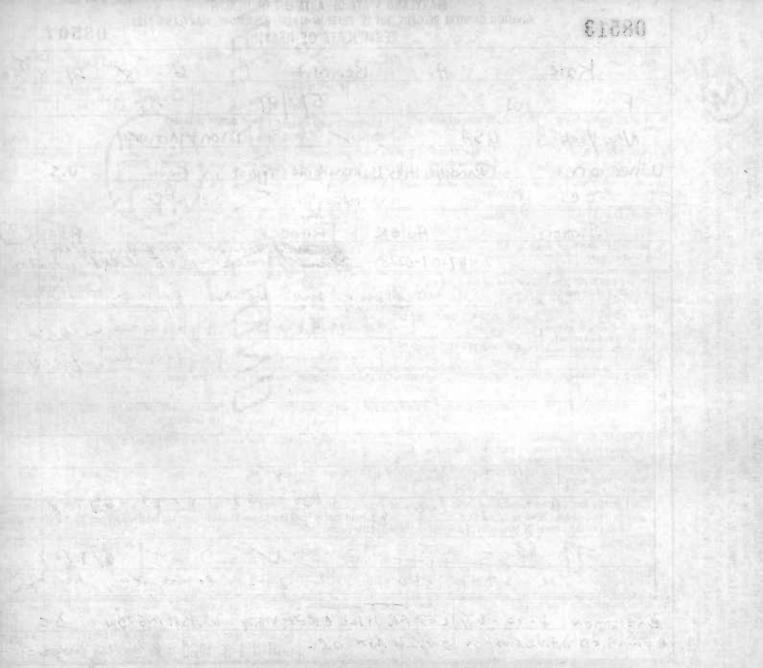
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FOR STATE	0-	08510	MEDICAL EXA					08	504
HEALTH DEPT.		CEASED-NAME Fir		iddle	Last		2a. DATE KNOWN OF ESTI-	Manth Day	Year 2b. HOUR
× 9 1 19		ype or Print) Augusta	Katherin		Belt	T W HUBER OF THE	DEATH MATED	6-27	1597:25AM
deloy	3. 51	X 4. RACE White	S. DATE OF BIRTH 2-24-78	6. AGE (In years last birthday) 91 YR	MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED Mooth	DEAD Yea	1969 725 M
ep 7.	7o.	BIRTHPLACE (State or foreign try) Germany	76. CITIZEN OF WHAT COUNTRY?	8. M/	ARRIED NEVER MA		Montgomery		Md
deoth e Pages with for		ity or town of Death	11. NAME OF HOSP	ITAL OR INSTITUTIO	N (If not in haspital	12a. USUAL O	CCUPATION (Kind of world working life, even if re		D OF BUSINESS OR
after 8. Giv along with t	13a.		osed lived, if institution: Resider	ce befare 13c. CIT	OR TOWN	YES NO	13e. STREET AND NUMB 7611 Georg	ER	
4 hours a litem 18. Soffice all office all o		ATHER'S NAME First Ritte	Middle ershofer	Lost		stine Kat		(Depley	Last
This certificate shauld be executed within 24 icate, writing the word "pending" in pencil in be forwarded to the Chief Medical Exominer's I be used os a burial-transit permit. File pages or removal, and in ony event within 72 hours		WAS DECEASED EVER IN U.S. ARMED es, na, ar unknawn) (If yes giv		ECURITY NO. 0-7028	17. INFORMANT	805-15 Hai XXV irgi	nilton ADDRESS nia Hoy-Dan	Street Richmon	id,Va
in per le Exon		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and (c).)					APPROXIMATE INTERVAL TWEEN ONSET AND GEATH
shauld be executed ne word "pending" in to the Chief Medical E purial-transit permit. Fin ony event within		PART I. DEATH WAS CAUS	ED BY: IATE CAUSE (a)	assive	subdural	hematom	a,		
e ex pend ef Me sit p		Conditions, if any, which gave	DUE TO, OR AS A CONSEC		rebral h	emi snher	A SAINS		
Id bord of the Chie	7.5	rise ta immediate cause (a), stoting the underlying couse	(b)		COLAT II	emropher	6		
shauld e word the Ch ourial-tra in ony		last.	10			1			4.5
certificate shauld writing the word rwarded to the Cl ssed os o burial-tr noval, and in ony	7	PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL O	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
vertificate writing 1 rwarded rsed os 0	NOI	190. DATE OF OPERATION	119h CONDIT	ION FOR WHICH OF	PERATION			120	O. AUTOPSY?
(AMINER: This certificate to the certificate, writing the 4 should be forwarded to rour files. age 3 should be used as a bread of the cremation, or removal, and	CERTIFICATION	THE OF OTERATION		RFORMED?	LIA TITOTO				YES NO
This ifficate, d be found be to or ren		21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month	n, Day, Year	21c. HOW INJURY O	CCURRED (Enter nati	ure of injury in Part 1 ar	Part 2, Item 18.)	
INER: The certification is should by files. 3 should by a should be a should by a should be a should by a should be a should	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	6:00 PM 6-2	6 19 69			ll at home		
the the A short file our file and seeman	×		PLACE OF INJURY (At hame, fare factory, office building, etc.)	, ,	21f. LOCATION Street 7611 Ga.		City or Town	Count	D.C.
CAL EXAMINER: execute the cert or. Page 4 shoult ed for your files. CTOR: Page 3 shou			took chorge of the remains					1	and in my opinion
ICAL E executor. Poget for CTOR: Burriat,			Notural couses .	Accident 3		Homicide	Undetermined n		
Try pleose eral direct be retoine RAL DIRECT prior to b	9	1/1	100	1/2	CH	IEF MEDICAL EXAMIN)	
TY, peral peral prior		ACTUAL SIGNATURE	oleklin/	1	- ITI, U.	SISTANT MEDICAL EX PUTY MEDICAL EXAN	-	26. DATE SIGNED	1000
o DEPUTY SICAL EXAM necessory, pleose execute the funeral director. Poge 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S PACIFIC	DENIA KA	FAD'N	10 AD	BRISSIAM et city, t	wp. or (aunty)	me 27	1969
necessory, pleose the funeral direct 5 may be retoine TO FUNERAL DIRECT Health prior to be	230	BURIAL, CREMATION, 23		NAME OF CEMETER	Y OR CREMATORY	230	LOCATION (City of Tow	n) (Caupty	(State)
		DIFFCULL			Hill Cen		Washington		(pt
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08513 08507 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 24 hours after death (Type or print) ate Month Bonwit 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthday YRS ZHTMOM DAYS 8 W 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH please remove carbon popers. WIDOWED DIVORCED Montgomery New VORK completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Kandolph Hills Dursing Home Typist in Bout. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE O 186. COUNTY Wash: noton YES 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First signed by the ottending physicion and burial-transit permit. Then please rem Adler RANCES Simon 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no. or unknown) (If yes give war or dates of service) 117-07-0228 burial, cremation, or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the schould be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stale While NoI while at work 220. I certify that (IV (this hospital) attended the deceased from 3/30, 190/, to 196/, 196/, that (IV) (we) lost sow the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY GR. CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEDAR HILL CREMATORY 0 2Sa. REC'D BY REGISTRAR DANZANSKY+ SONS- WASH. D.C. 25b. REGISTRAR'S SIGNATURE



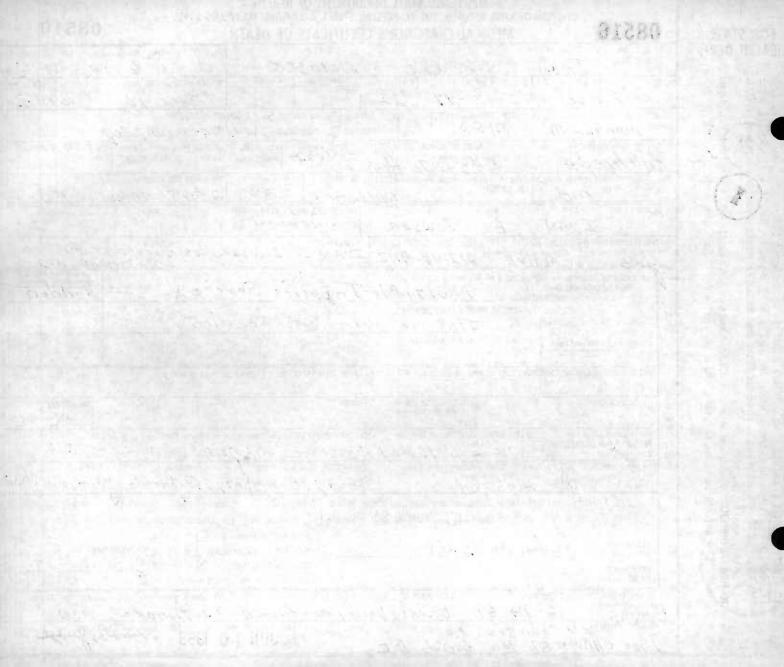
MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08508 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Middle Lost 2b. HOUR I in by the funeral: ers. Rages Land 2 72 hours ofter death. First that the death certificate be executed within 24 hours after death (Type or print) Month Year FRECI Bertram 6. AGE (In years S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE lost birthdoy) MONTHS DAYS HOURS 45 Z YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country New York Montgomery WIDOWED | DIVORCED [**TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician oper completely filled i director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon paper should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) give street oddress terprise 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE YES 💢 NO T BEUNEH 9501 Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First William Bornstein Smith Kate 17. INFORMANT 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 9501 Brunett Ave. (If yes give war or dates of service) Mrs. Ethel Bornstein Yes, nevor unknown) 188-10-4396 Silver Spring, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:

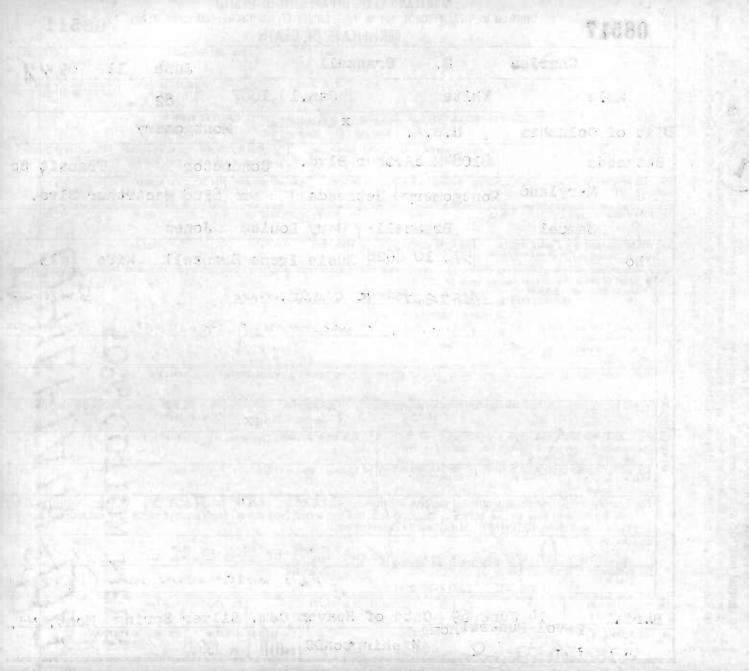
1MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physicion PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES TO NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from Come , 1950, ta saw the deceased alive an June 5 1969, and that in (my) (ser) apinian death occurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Aaron H. Traum NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23a. BURIAL, CREMATION Garden Falls Church T King David Memorial Carroll 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 30M REV, 1/68 1969 Hebrew Memorial Funeral Home St., N.W. Wash.

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08509 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR First executed within 24 hours after death the funerol _Month (Type or print) Dowe JUNG NN 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MONTHS HDURS LemA eose remove corbon papers. Progrand in ony event, within 72 hours in by Pres. 7o. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) MICH. DIVORCED WIDOWED completely filled 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2b. KIND OF BUSINESS OR give, street address) during most of working life, even if retired.) INDUSTRY 13c. CITY OR FOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before YES NO 14. FATHER'S NAME 15. MOTHER MAIDEN NAME First pe Anthony Stechman Gertrude Jansen that the deoth certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give war or dates of service) burial, cremation, or removal, 218-50-6613 Clyde B. Bower Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave > burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to large. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor P.M. (If either, natify medical examiner) 23e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County 21d. INJURY OCCURRED City or Town State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from approximately of the deceased from approximately of the deceased from the sow the deceased alive on five (4, 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22 d. PHYSICIAN'S 22e. ADDRESS SPRING 1106 NAME (Type) GENE 209/0 SILVER SPRING 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (State) 23a. BURIAL, CREMATION, (County) Burial (Specify) June 19, 1969 Park lawn Rockville Maryland ADDRESS 500 Univ Blvd250 BECD BY REGISTRAR COMES 11 Spr Md DATE UN 23 VR A15 (4) 30M REV, 1/68

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	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	08516 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08510
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month	Day Yeor 2b. HOUR
	(Type or Print) TROY DECKER BOWSER DEATH MATED 6 /	10 1969 / 15 M
Pagent ent	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
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blease ey director. etained DIRECTC	death resulted fram: Natural causes 🔲 , Accident 🔀 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [
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TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health, prior to burial, crem	NAME (Type) EXAMINER'S ADDRESS(Street, city, town, or county)	
nece the the 5 mc 5 mc	DEMOVAL (Canada)	(County) (Stote)
B	ISURIAL 16-14-67 DULANFY VALLEY PLEM GARDEN RALTIMORE	mo
VR A15ME (5)	24. FUNERAL DIRECTOR W. W. Chambers eo ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 35b. REGIS	GNATURE
10M REV. 1/68	1400 CHAPIN ST. N.W. WASL. D.E. DATE DATE ON IS 1000 A	0 "

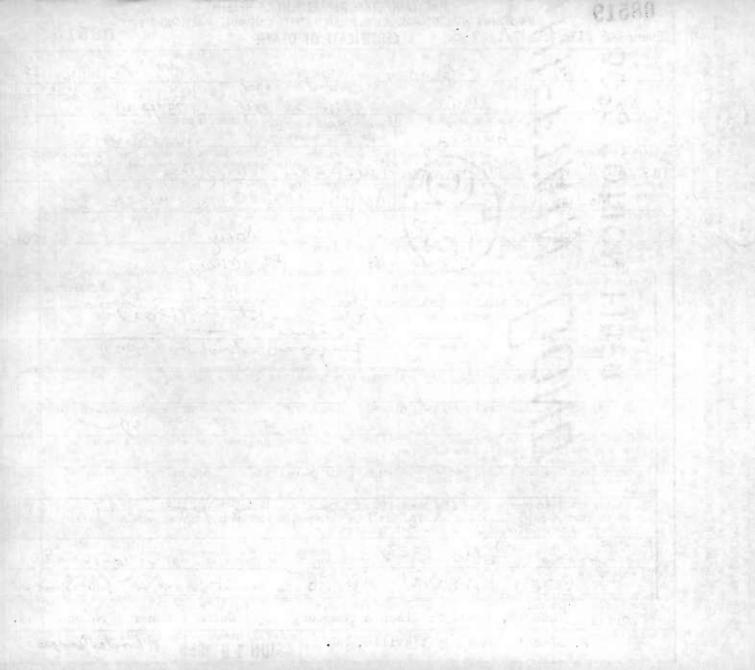




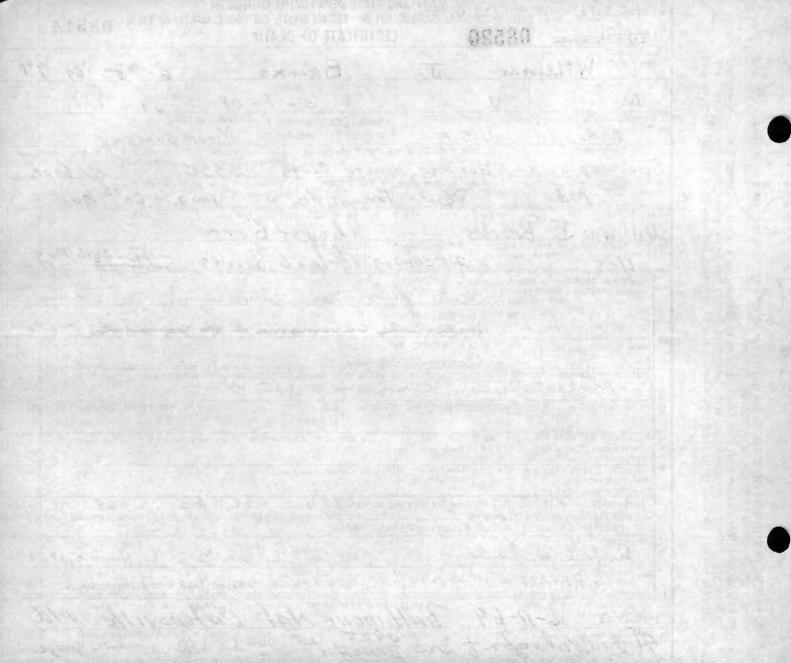
- 1	08518 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08512	
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physicic physicic en pleo ovol, on	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give, was or dottes of service) YES, no, or unknown) (If yes give, was or dottes of service) YIVIAN BOGLEY, Address BETHESDA, MARYLAN	1D
requires that the death certificate be exectly by signed by the ottending physician and consigned by the ottending physician and consider transit permit. Then please remo burial, cremation, or removal, and in any	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stoting the underlying couse (b) Consequence of the immediate couse (b), or as a consequence of continuous to immediate couse (b). DUE TO, OR AS A CONSEQUENCE OF the immediate couse (b), or as a consequence of continuous to immediate couse (b). DUE TO, OR AS A CONSEQUENCE OF the immediate couse (b). Conditions, if any, which gave rise to immediate couse (b). Conditions, if any, which gave rise to immediate couse (b). Conditions, if any, which gave rise to immediate couse (b). Conditions, if any, which gave rise to immediate couse (b). Conditions, if any, which gave rise to immediate couse (c), and the immediate couse (c). Conditions, if any, which gave rise to immediate couse (c), and the immediate couse (c). Conditions, if any, which gave rise to immediate couse (c), and the immediate couse (c). Conditions, if any, which gave rise to immediate couse (c), and the immediate co	_
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TO HOSPI Poge 4 m TO FUNER, director, should b	236. BURIAL CREMATION, BENDAL (Society)	M.
VR A15 (47) 45M - 1/69	7557DDREST SCONSIN AVES, REGISTRAR'S SIGNATURED ROBERT A. PUMPHREY, BETHESDA, MARYLANIDAJE JUN 2 4 1969	



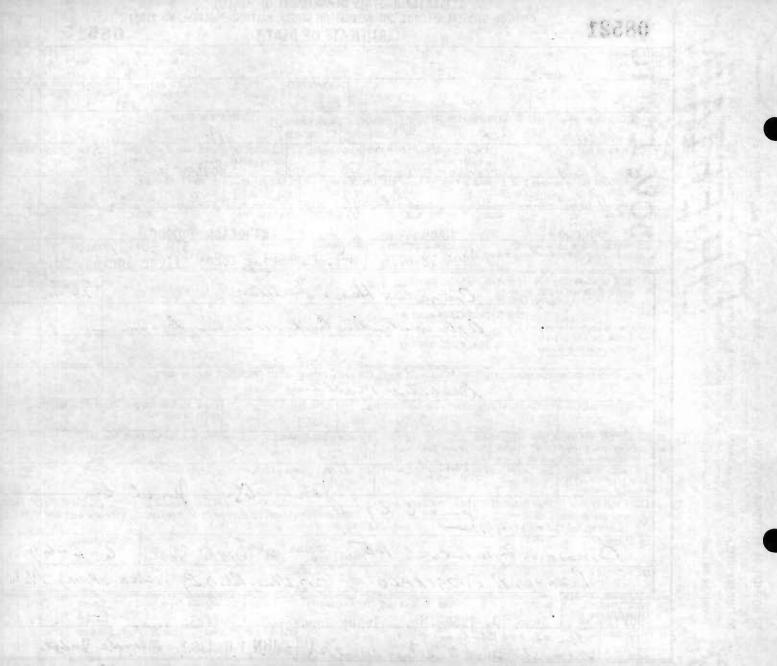
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	this after the Dep		While Not while at wark at work	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	or R.F.D. Na. City or Tov	wn Cou	unty State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creating.		22o. I certify that (I) (the saw the deceased a	nis hospitol) attended the decease the on (i) (we) (did) (did not) view the	19 6 and that in (my) (our) opinion death accuri	red on the date ah	
	be reported by the bear of the	d	Rows	Coblina	DEGREE PHYS.	DIRECTOR - PHY	FF S. \(\begin{array}{c} 22c. \ DATE S \\ S. \(\begin{array}{c} 6-1 \\ \end{array} \end{array}	16-69
	SPITAL 4 moy NERAL for, pag old be fi		22d. PHYSICIAN'S NAME (Type)	RO RABKIN	22e. ADDR	9 hurs Bl	d, Est St	Be Spinged
	Page Page 70 FU direct shat	230	REMOVAL (Specify) Jur		cemetery or crematory ncoln Cemetery	23d LOCATION (City Colma r	y or Town) (Cou Manor Pro	o Geo Md.
	VR A15 45M - 1 65M	24.	FUNERAL DIRECTOR F. Gas	sch's Pons Hyatts		250. REC'D BY REGISTRAR 22. DATEJUN 19 1969	Sb. REGISTRAR'S SIGNA	Judge.



1	Item#23aFilm#G4 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0851
	08514
4 -24 4 -24	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
funeral and 2	(Type or print) William J. Brooks Brooks By 948 M
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1 F UNDER 24 HRS.
N TO DX	3 - / - 00 G / YRS. / //
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42 24	Md. U.S.A WIDDWED DIVDRCED MONT GOMERY Md. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done / 12b. KIND OF BUSINESS OR
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the death certificate be executed within 24 hours ofter the attending physician and completely filled in by the fursit permit. Then please remove carbon papers Pages Ination, or removal, and in any event, within 72 hours after	odmission) STATE Md. 134. COUNTY PG, FAIRMONT Hts. YES ND 1002 - 60th AUE
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eath certific anding physinit. Then p or removal,	
rem rem	I IB. VAUSE OF PEACH LENGER ONLY ONE COINE PER LINE FOR (A) [D] and (C))
death trendin grmit. n, or rel	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) acute pulmonary insufficiency. 6 thous.
the are to pe attion	Conditions, if ony, which gove but to the Carcinoma of the Segmond and July 19,68
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requires that the digital physician. I signed by the atternance buriol-transit permits buriol, cremation,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending of FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	21d. INJURY OCCURRED While Not while of work 12 of INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LDCATIDN Street or R.F.D. No. City or Town County Stote
OR ATTENDING De retoined by the MRECTOR: After the 3 should be ded with the State	22a certify that (1) (this haspital) attended the deceased from 4/2 4/ 19 69, ta 6-5- 1969, that (1) (we) last
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ATT ATT Showing the state of th	22b. SIGNATURE 22c. DATE SIGNED
OR be r	Rafael B. Luclau DEGREE PHYS. MED. STAFF PHYS. June 5, 1969.
TO HOSPITAL OR ATTEN Page 4 moy be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	22d. PHYSICIAN'S NAME (Type) RAFAEL C. INCLAN 22e. ADDRESS 3308 Dodge Park Read, Fundaver
HOS ge 4 FUNI recto	230. BURIAL, CREMATION, 23b. DATE 23e-NAME OF CEMETERY DR CREMATORY 23d LDCATION (City or Town) (County)
0 0 0 p 4	remyx+(specify) 6-11-69 Baltimone Nat. Catonsville 1900
VR A15 4 V	24. EUNERAL DIRECTOR WORKINGTON & ADDRESS, 925 WE 250. REGISTRAR 250. REGISTRAR'S SIGNATURE DATE
43/41 - 11/09	The Deputive Date Don Ave Date



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e executed within and completely finance carbon in any event, with	C	Tues Speile	40	give street addres	s) R053	Has Tal	during mast af	working life, even if reti Housewife	red.) IN	DUSTRY	
urted with mpletely ve carban event, wit		USUAL RESIDENCE (Where de		stitution: Residen		3c. CNY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMB	ER	_ ,	
we eve	adm	ission) STATE MARULAN	13b. COUN	NTY /1/ MA	1	Adelphi	YES NO	12001 Mezz	Lecot	Rond	
The mark	14.	FATHER'S NAME First	Mid	dle	Lost		MAIDEN NAME First	Mid	dle		Last
0 0 - 0		George		Hah	n		Kather	ine Bender			
ate be ician a lease and ir	160.	WAS DECEASED EVER IN U.S.		16b. SOCIAL	SECURITY NO	. 17. INFORMANT	TO OTTO	319 Edd	esP1vmc	outh	2 52
ertificate by physician ten please aval, and i	Y	No, or unknown) (If yes g	ive war ar dates of servi	094 1	18 677	6 Mrs. Ca	therine T	ocha Silver	Sprin	na Mo	1.
g pl		18. CAUSE OF DEATH (Enter	anly one cause	per line for (o). (I	b), and (c),)					APPROXIM	ATE INTERVAL ISEF AND DEATH
ne death cer attending p permit. The		PART I. DEATH WAS CA	USED BY:	Con	artin	a Heart 7	tarluna			244	Lie
ne death attendi permit. ian, ar r		4124	EDIATE CAUSE (a)	OR AS A CONSEC	MICHICE OF			,	11111		-71-
t the athe a sit pe		Conditions, if any, which ga		line	ence or	entre Car	Leonser	lan Disa	ven a		
y #		rise ta immediate couse (0),(OR AS A CONSEC	DITENCE OF						
requires that the death certificate a physician. I signed by the attending physician is burial-transit permit. Then pleas a burial, crematian, ar remaval, and		stating the underlying cau lost.	se (c))	TOLINEE OF				-		
hys		PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN PART 1(o)			
by the haspital ar attending physician. by the haspital ar attending physician. ther this certificate has been signed by the attending physician defloched far use as the burial-transit permit. Then place and the place of Health prior to burial, crematian, ar remaval,	z			Dral	etes	meelite	a de la companya della companya della companya de la companya della companya dell		•		
AN: The law rale and a ratending icate has been for use as the Health prior ta	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FC	R WHICH OPERATI	ON WAS PERI	ORMED 20o. AUT	OPSY?	20b. IF YES, WERE FIND	INGS CONSID	DERED IN CE	RTIFYING
The party	E					YES	NO 🗌	CAUSES OF DEATH?			
ar are		21a. ACCIDENT WAS UNDER	YING 21b. TI	ME OF INJURY	V	21c. HOW INJURY O	CCURRED (Enter notu	re of injury in Part 1 ar F	ort 2, Item	18.)	4.831
d figure of H	MEDICAL	or contributing cause of	OEATH HOUR aminer)	P.M.	Ooy Year						
G PHYSICIAN: The law rethe haspital ar attending this certificate has been detached for use as the detached for use as the Dept. of Health prior ta	W	21d. INJURY OCCURRED :	21e. PLACE OF INJ	URY (AT HOME, FAR	M, STREET, FACTO	ORY.) 21f. LOCATION Stre	eet or R.F.D. No.	City or Town	Cor	unty	Stote
this this determined		ot wark at work					11	100	11		
DING d by t After d be d		22a. I certify that (I)	(this haspital)	ottended the	deceased	from	1943	, to	. 19_/	, thot	(I) (we) los
- P - D 0		22a. I certify that (I) saw the deceased causes stated ab	l alive an ave,(l) (we)(did (did not)	view the b	advafter death.	ny) (our) opinion	deoth occurred on t	ne dote a	ind hour d	and from the
ATI SP SE		22b. SIGNATURE	17			4			22c. DATE	SIGNED.	^
OR Direction		Cornari	da oy	qual	-	DEGREE PHYS.	ING MED.	OR PHYS.	6	-6-	69
Page 4 may be retained by the haspital for FUNERAL DIRECTOR: After this certifical director, page 3 shauld be detached fail shauld be filed with the State Dept. of He		22d. PHYSICIAN'S NAME (Type)	VARD A	F1729	CLAL	0 22e. AD	DRESS INIU BE	LODE, SIL	ven Si	PRING	mel
HOS ge 4 FUN recte	23a		3b. DATE	23c.	NAME OF C	METERY OR CREMATORY	230	J. LOCATION (City or Tawr) (Ca	aunty)	(State)
5 5 5 E		REMOVAL (Specify)	June 10	1969	Mt. C	alvary Ceme	tery B	uffalo N. Y			. Υ.
VR A15 (4)	24.	FUNERAL DIRECTOR	new y	Calles	ADDRESS	4 5 0	250. REC'D BY REC	GISTRAR 2Sb. REGIS	TRAR'S SIGN		
30M REV. 1/68		500 Unine	with B	lad N.	Selver	Spring Mcl	DANGUN 1	1969 100	ionlas	1 years	الما



0 1 1	I	tem2a FilmGL15 MARYLAND STATE DEPARTMENT OF HEALTH	
	8	/4/69kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08516
FOR STATE		08522 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Day Yeor 2b. HOUR
is ta	,	Type or Print) NEllie Atlene Burdette DEATH MATED 6	16 1969 M
ent 20 3	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
PM3.	7	EMALE White Now 5, 1905 lost birthday) MONTHS DAYS HOURS MIN MARTH DOY	Year 18/2 92 34
any delay is 2, and 3 ta PM3. Page	70.	BIRTHPLACE (Stote or foreign) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- E	canu	Takomo taska USA WIDOWED DIVORCED Montgomery	Mal
th far far	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
ded with with	1	que street address	INDUSTRY
haurs after death tem 18. Give Pages 1, Office along with farm 1 and 2 with the State D	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OBJTOWN 13d. INSIDE CITY LIMITS? 13e. STREET, AND NUMBER	Home
s after 18. Girls along 2 with death.		demission) STATE NO 13b. SOUNTY to passed Bounds YES NO 1	20.
urs do do	14	FATHER'S NAME First Middle Cost IS. MOTHER'S MAIDEN NAME First Middle	1/2
24 haurs aftin tem 18. r's Office als es Land 2 wi	14. 1		Last
rs s in 24	_	1 IN CONTRACTOR OF THE CONTRAC	Rdette.
be executed within 24 haurs after death "pending" in pencil in Item 18. Give Pages 1, nief Medical Examiner's Office along with farm unsit permit File pages I and 2 with the Stafe Deevent within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	
with your 72		(es, no, or unknown) (If yes give war or dates of service) 217-30-0673 (fusband) 5 Amy	
Pi E E		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ocut dicc dicc with		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CHOOLE UNDERSON IMMEDIATE CAUSE (0)	6 hours
exe endi Me Me t pe		DUE TO, OR AS A CONSEQUENCE OF	
be "pe		(anditions, if any, which gave rise to immediate cause (a).) The parlement Cardiovorules Class	do 15-years
D P P P P P P P P P P P P P P P P P P P		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed to ward "pending" in the Chief Medical Eburial-transit permit I in any event within		lost. (c)	
10 50 4		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
Fira dec dec	-	Operatu	
wait writt wait wait wait wait wait wait wait w	TIOI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate cate, writing the be farwarded to I be used as a burremoval, and	CERTIFICATION	WAS PERFORMED?	YES NO NO
DEPUTY SICAL EXAMINER: This certificate shauld be executed casesary, please execute the certificate, writing the ward "pending" is e funeral directar. Page 4 shauld be farwarded to the Chief Medical may be retained far yaur files. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit prior to burial, cremation, ar remaval, and in any event within	CER.	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	em 18.)
ould aul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
KAMINER: te the certi ge 4 shauld yaur files. 'age 3 shaul	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
AM th		WHILE NOT WHILE factory, affice building, etc.)	
bical Examiner: se execute the cert star. Page 4 shauls ned far yaur files. ECTOR: Page 3 shau s burial, cremation,			1
AL exe r. P l fa for		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection X, Inquiry	, and in my apinion
Se se serta		death resulted fram: Natural causes 🔼, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner	
please I director retained L DIREC		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIE	CIANTA
Price Price		SIGNATURE M.D. ASSISIANI MEDICAL EXAMINER 220. DATE	111/10
SSOT UND NER		EXAMINER'S NAME (Type) John Fawcett ADDRESS(Street city town or county)	116169
necessary, please executhe funeral director. Pag 5 may be retained far for FUNERAL DIRECTOR: Health prior to burial,	-	ADDRESS(Siees, city, town, of county)	/
5 = = ~ 5 =	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
UK	04	Burial 6-18-69 Boyds Boyds Mont.	
VR A15ME (9)	24.	FUNERAL DIRECTOR ADDRESS Prancis H. Barber Laytonsville, Md. ADDRESS Prancis H. Barber Laytonsville, Md. ADDRESS A	SIGNATURE
10M REV. 1/68		Francis H. Barber Laytonsville, Md. ONGN 1 9 1969 Williams	000

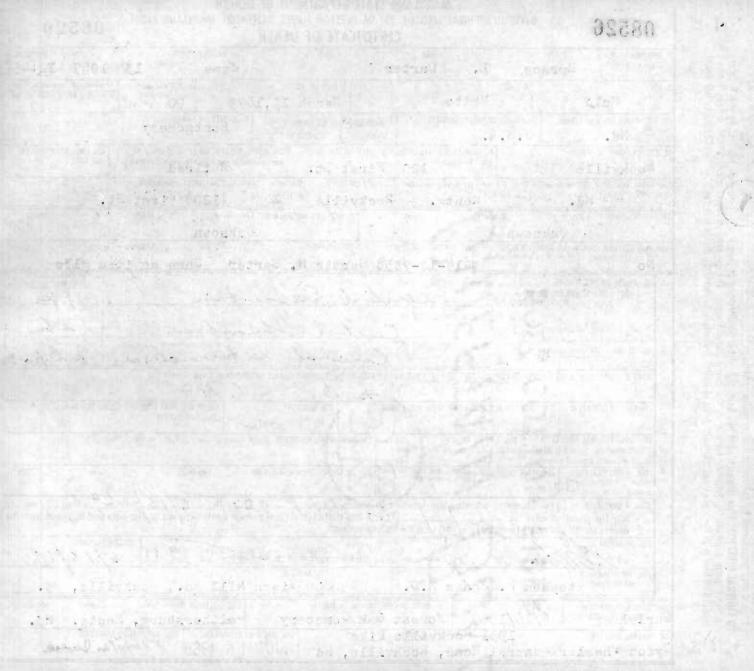
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						ID STATE DEPAK				
-		7	08524	DIVISION OF		301 W. PRESTON		RE, MARYLAND 21	1201 085	18
			00003			CERTIFICATE O	F DEATH			
	+ - 2 - +		CEASED-NAME ype ar print)	First	Middle	Last	2a.	DATE OF DEATH	May /v	2b. HOUR
	s after death. the funeral ages 1 and 2 rs after death.	(,	ype or print)	KANCES	K.	CARE	4	6	26	1 8/11
	ter for frer	3. SE	X	4. RACE	1.1-	S. DATE O		6. AGE (In y last birtha	ears IF UNDER 1	1 YEAR IF UNDER 24 NRS. DAYS HOURS MIN.
	naurs after by the fur. Pages 1 hours after		FEMA1E	(u)	HITE		7-15-99	01	YRS.	
	bou hou	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED NEVER	MAKKIEL	UNTY OF DEATH		10
	in 24 h		PA	U	SA		IVORCED 🗌	nontgon	neky	LOURTY MO
	hin 24 haurs filled-in-by t n papers. Pa ithm 72 hours	10. 0	ITY OR TOWN OF DEATH	n 11.1	NAME OF HOSPITAL OR IN e street address	ISTITUTION (If nat in haspit	al 12a. USUAL OCC	CUPATION (Kipd of war working life, even if r	rk dane 125. K	CIND OF BUSINESSOR
	A LE DE	2	HUEKDERI	ICC INO	170/6	(KOSS.	District Control of the Control of t			THE T
	and campletely remove carbon many event with	13a. admi	USUAL RESIDENCE (Where dissign) STATE	leceased lived, if institu	utique Residence before	13c. CITY OR TOWN	YES NO NO	13e. STREET AND NUI	MBER 64 3a	Wytreet
	C/ E Sign scri		Pa. KNON	V WILL	M. TGDMELL	NOSERENEIN	7 7	XXXXXX	Dugley	XXIIOXX
	S 5 5 2		ATHER'S NAME First	Middle	Last		S MAIDEN NAME First	Ishley, Pa	Aiddle /	Last
	d a bu	-	MILWOUN	ADMED CODEES	Tith cocial escupity		(Kwowy)	/	diam t	2 1/6
	law requires that the death certificate be executed within 24 haurs after death anding physician. been signed by the attending physician and campletely fitted in by the funeral is the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is the burial, cremation, ar remaval, and in any event, within 12 hours after death riar ta burial, cremation, ar remaval.		WAS DECEASED EVER IN U.S 'es, na, ar unknawn) (If ye	s give war or dates of service)	16b. SOCIAL SECURITY	NU. 17. INFURMANI	suall is 1	ALL ALL	172	S widsH St
	phy phy ava					110/1	149411270	intrest exercis	WILKE	APPROXIMATE INTERVAL
	attending permit. The		18. CAUSE OF DEATH (Ent PART I, DEATH WAS O	er anly one cause per AUSED BY:			datata			ETWEEN ONSET AND DEATH
	deat tenc mit, ar			MEDIATE CAUSE (a)	Genera		145/45	67	3	every lua
	he at per per tian	8	Canditions, if any, which a		AS A CONSEQUENCE OF		or R	reast.	0	everelys
	at the nait ma		rise ta immediate cause	(a).((b)		Lehond	04 7	Mas C.	3	40 (141419)
4	the standard by the standard transfer of the s		stating the underlying colors.	JUSE TO, OR	AS A CONSEQUENCE OF					
1	uire ysie gne gne gne gne irial		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIE	RUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	TION GIVEN IN PART 16	,	
2	g plan sing		TART 2. OTTIER STORRICAN	T CONDITIONS CONTRIB	·~	TO RECORD TO THE TERM	THE DISERSE OF CONTROL	TON OTTEN IN TAKE THE		
,,	tending trending as been as the priar tal	TION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS P	ERFORMED 20g. A	AUTOPSY?	20b. IF YES, WERE FI	NDINGS CONSIDERE	D IN CERTIFYING
,	S O S	CERTIFICATION					I NO.	CAUSES OF DEATH?		
		CERT	21a. ACCIDENT WAS UNDE		OF INJURY	21c. HOW INJURY	OCCURRED (Enter natu	re af injury in Part 1 a	r Part 2, Item 18.)	
	T + T +	MEDICAL	or contributing cause (9				
	das das	WED	21d INJURY OCCURRED			ACTORY.) 21f. LOCATION	Street ar R.F.D. Na.	City or Town	Caunty	y State
	A ATTENDING PHYS retained by the has ECTOR: After this ce 3 shauld be detache with the State Dept.		While Nat while at wark		OFFICE BUILDING, ETC.					
	rending ined by the R: After I auld be d the State		22a. I certify that (I) (this hospital) at	tended the deceas	sed fram	2,1968	, ta 6/2	-, 19-69	, that (I) (we) las
	NDI Sed be ld be ne S		saw the decease	ed alive an	6/1	1969, and that in	(my) (our) opinian	death accurred ar	the date and	haur and fram th
	ATTEI etaine CTOR: shaul vith th	-	22b. SIGNATURE	bave, (1) (we) (ald	l) (did not) view the	bady after death.			22c, DATE SIG	NED
	OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detac led with the State Dep		220. SIGNATURE	Terma	A Cont		NDING MED.	OR STAFF		
	Dige be		22d. PHYSICIAN'S		74 00	DEGREE PHYS	ADDRESS			
	RAI Be be		NAME (Type) G	Lennard 9	old		01 Georgia	Ave., Sil	ver Spri	ng, Md.
	TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed v	230	BURIAL, CREMATION,	23b. DATE		CEMETERY OR CREMATOR		I. LOCATION (City or To		
	Page of ships of ship		DEMOVAL (Caralla)			harles Ceme		ingar Natel		ylvania
	VR A15 4}	24.	FUNERAL DIRECTOR+	Foreignery		raja Avenue		GISTRAR 2Sb. RE	GISTRAR'S SIGNATU	RE
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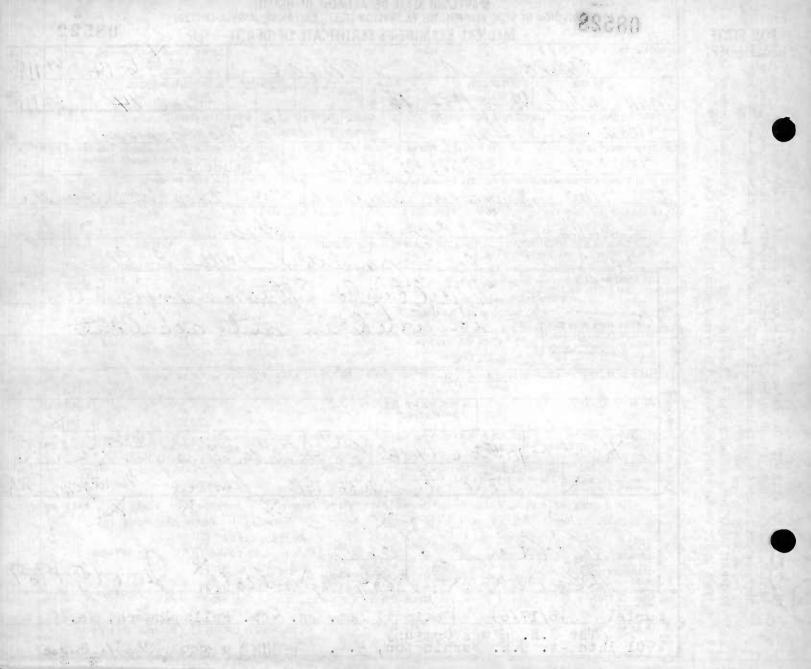
			MARTLAND STATE DEFARIMENT OF REALIN
1		77	08525 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08519
			CERTIFICATE OF DEATH
2	# = #	1.	DECEASED NAME First Blanche Middle H. Lost Carroll 20. DATE OF DEATH 26. HOUR
	death.		(Type or print) Blanche # H. Carroll Quint, 8 10/19 11/2 AM
	fur fur ter	3.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER I VEAR I IF UNDER 24 HRS.
	the the safes of		F W Aug 24, 1876 last birthday) Months Days Hours Min
	tours after death by the funeral Pages I and	7	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED NEVER MARPHED 9. COUNTY OF DEATH
	n 24 haurs after Jed in by the fui papers: Pages 1	1	PORTH CAROLINA U.S.A. WIDOWED DIVORCED MONTGOMENS Md.
	n page	11	D. CITY OR TOWN OF DEATH 11 NAME OF HOSDITAL OR INSTITUTION (If not in bospital 120 HISTORY WIND OF DEATH
	or executed within 24 haurs after death and completely filled in by the funeral remave carbon papers. Pages I and in any event, within 75 haurs after death	70	HENSINGTON give street address) Place during most of working life, even, if retired.) INDUSTRY
/	en ce en	- 10 	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
(executed and cample any event	11	Idmission) STATE D.C. 136. COUNTY - WASHINGTON YES NO 3133 Conn. and UW.
1	an en de	0 1	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	be n an		George W. Scott Marcy Itall
	ician (lease and in	1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes. ng. gr unknown) (If yes give wor or dates of service) Address Wash., and a unknown) (If yes give wor or dates of service)
	requires that the death certificate be exerged by physician. In signed by the attending physician and control burial-transit permit. Then please remate burial, crematian, or remaval, and in any		Yes, no, of unknown) (If yes give war or dotes al service) 577-60-7483 (Daughter MARY C. ERD, 3133 Com Dre. NW.
	ne death cel attending permit. The	1	18. CAUSE OF DEATH (Enter only one cause per line for (p), (b) and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	he death attendir permit. ian, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FITEN OSCILLATOR CANDOVASCULAR DISEASE 1545
	afte errr in, o		4124 DUE TO, OR AS A CONSEQUENCE OF
	t the		Canditions, if any, which gave
1	that In. Dy t ans ans	2-1	rise to immediate cause (a), (D)————————————————————————————————————
1	equires that the physician. signed by the burial-transit burial, cremati		last. (c)
,	aphysical interior in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
1,8			
1	e law r tending is been as the priar to		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1	AN: The law radial and artending icate has been far use as the Health priar to	19	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 12b. HOW INJURY OCCURRED (Fater nature of injury in Part 1 or Part 2 Item 18.)
,	IAN: The officate had far use Health		
	E PER PER PER PER PER PER PER PER PER PE		S □ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
	osp cert hed bt. o	1	
	OR ATTENDING PHYSICIAN: The low be retained by the hospital or attendin DIRECTOR: After this certificate has bee le 3 should be detached for use as the ed with the State Dept. of Health priar t		While Not while at work OFFICE BUILDING, ETC.
	by there he controlled		220. I certify that (I) (this haspital) ottended the deceosed fram 1961, 18 , ta 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (aur) apinian death occurred an the date and hour and fram the
	END led A: A Jid he		saw the deceased alive an
	TTO I Show		22b. SIGNATURE 22c. DATE SIGNED
	OR obe reported by the second of the second		Styling W. OR ter, B. DEGREE ATTENDING PHYS. I TUNE 3 1969
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low repaired and may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	1	22d. PHYSICIAN'S STEPHEN W. DEITER, A.D. 22e. ADDRESS 719 W. 25 ON LAWE, BETHEROM, AD
	UNE UNE	2	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Page O FUN direct	·	REMOVAL Specify 6-5-1969 Cedar Hill Cemetery Suitland, Prince Georges Count
	Λ.	0 2	24. FUNERAL DIRECTOR TOSEPH GAWLER'S SON, INADDRESS 250, REGISTRAR 256. REGISTRAR 256. REGISTRAR'S SIGNATURE
	VR A15		8130 WISC. AVE., N. W. WASH., D. C. 20016 DATE UN 9 1969 Charles Jacks

6.500 L.o. Li 442 24 18 72 25 The Beneficial ASA BOOKERS 181151 NJ 172 1 1491 2 1818 1 21818 HOUSERULE Merchanist V. T. of St. Charles and St. Conce W Sect MARKY HALL En size Chama Macy C. Eeb 313 Chamber Burial 6-5-1969 Sedar Hill Pemetery Suitiving, Prince Georges Count

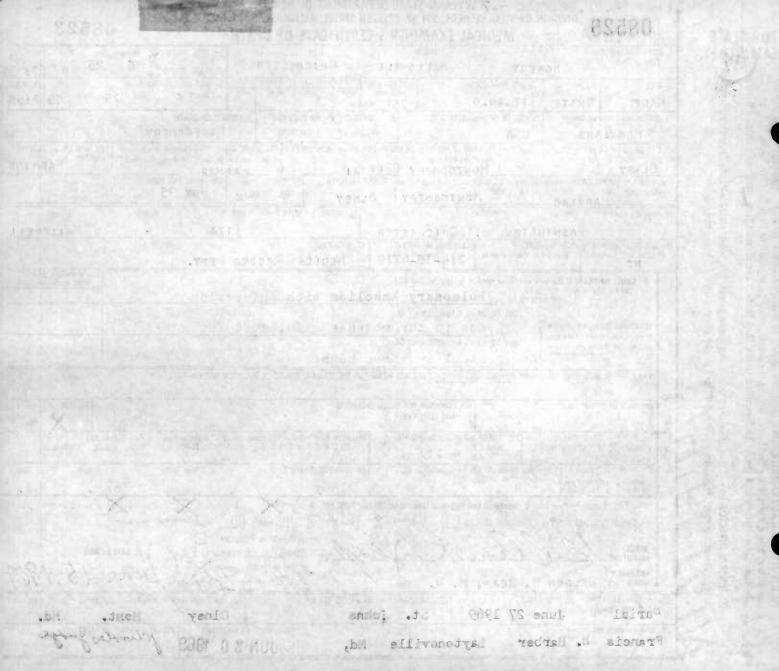


		1			STATE DEPARTMENT OF F		
217				DIVISION OF VITAL RECORDS, :	301 W. PRESTON STREET, BALTI	IMORE, MARYLAND 21201	
1			08527		ERTIFICATE OF DEATH		08521
	# -2 #			rst Middle	Lost	20. DATE OF DEATH	2b. HOUR
	rs after death the funeral ages I ond a		(Type or print)	INTO WMI	CELIA	Month D	oy Yeor O
	a de la		3. SEX 4	4. RACE	S. DATE OF BIRTH	wang !	1767
	offe offe		11112	led i	1	6. AGE (In years last birthday)	IE UNDER 1 YEAR II UNDER 24 HRS. MONTHS DAYS HOURS MIN
	ES # SO		111916	while		899 70 YRS	
	hours after death		7b. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	28 de 1	/	1taly	LIS	WIDOWED DIVORCED	Montgo	mer // Md.
	ille orin	21	ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 120. USUA	AL OCCUPATION (Kind of work done	
	OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within it hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 ed with the State Dept. of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.	//	TAKOMA T	ARK Wash, Say	Tarium during my	ast of working life, even if retired.	INDOSTRY
	d v	1/7	130. USUAL RESIDENCE (Where dec	eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LI		
/	eve eve	41	admission) STATE D.C	136. COUNTY	Washing ton YES NO		tor Aug WIL
(.	D O O	5	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
-	in re		Joseph	CPIN	B 4 4		rost
	ase and		160. WAS DECEASED EVER IN U.S.	- (- / / ()-). 17. INFORMANT	E UNKNOWN	
	ica /sic ple ple			ve war or dates of service)	CO GRACE CA	Address	1 1
	physician ond chen please remander ond in only		No	019-12-07	ST GRACE C	ELIA 7730 Ed	stern Ave
	ne deoth ce attending p permit. The		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line far (a), (b), and (c).)	1. 1		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
	eot end nit. or r		PAKT I. DEATH WAS CAU	DIATE CAUSE (0) Acyte m	vocardial In	forction	1 day
	atte on,		4109	DUE TO, OR AS A CONSEQUENCE OF		,	
	the the sit provided		Conditions, if ony, which go	(e) C	v Atherosci	lerusis	Vedrs
	n. ny 1 ans		rise to immediate couse (costoting the underlying cou	//	1	-11073	76013
0	es de la		lost.	(0)	/		V
a	requires that the physician. signed by the burial-transit purial, cremoti		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1/6\	
0	rec n s e b				New York To The Textilinate Disease One	ONDITION OFFER IN TAKE 1(0)	
11	The law re ottending that been size as the the the prior to be		190. DATE OF OPERATION I	7b. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20o. AUTOPSY?	2Db. IF YES, WERE FINDINGS	CONCIDENCE IN CENTIFYING
N	or as as pri	2	Z.	*		CAUSES OF DEATH?	CONSIDERED IN CERTIFIING
	e h		210. ACCIDENT WAS UNDERL	VINC TOTAL VINE OF INDIVINA	YES NO NO		
	al al conticat			YING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2	, Item 18.)
	SIC Spirit Spir Spirit Spirit Spirit Spirit Spirit Spirit Spirit Spirit Spirit		(If either, notify medical exa	miner) P.M. 19			
	ho ho ach	_	≥ 21d. INJURY OCCURRED 2 While Not while	Te. PLACE OF INJURY (AT HDME, EARM, STREET, EACTD	RY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
	the thi det		at work ot work			T	
	IN by fter be		22o. I certify that (1) (this hospital) attended the deceosed	from Sep. 10 , 196	7, to 4 une 7,1	9 69, that (H) (we) last
	ND ed		20 M IIIE GELEOZEG	Ulive Uli The Time In	Jac. 7, Ullu IIIUI III I IIIVI (Berri-0)011	nion deoth occurred on the d	ote and hour and from the
	TTE ain Oct			ve, (I) (we) (did) (did not) view the bo	ody offer deoth.		
	ret ret RECI		22b SIGNATURE	1000	ATTENDING M	ED. STAFF 22c	. DATE SIGNED
	DIR be		1 oman t	. A whensten		ED. STAFF PHYS.	5/7/69
	AL AL Po		22d. PHYSICIAN'S NAME (Type)	and Paris	22e. ADDRESS	A CI	0 1 11.1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond confirmation of the director, page 3 should be detached for use as the burial-transit permit. Then please removes should be filed with the State Dept. of Heolth prior to burial, cremotion, or remavol, and in ony		NAME (Type) NORA	DAN H. LUBENSTEIN	11/6/ NITT.	Mre, Dilver	Spring, Md.
	HO Ige For		23o. BURIAL, CREMATION, 23		METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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11-1	MARTIAND STATE DEPARTMENT OF HEALTH	
FOR CTATE	08528 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2
FOR STATE	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	~
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Ye OF ESTI-	ar 2b. HOUR
deloy is and 3 to 13. Poge iment of		69 1195M
deloy and 3 A3. Por	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years legt birthday) MONTHS DAYS HOURS MIN. Manth Days Year	2d. HOUR
2, and 3. PM3. P	11/11/2 White Way 20, 1952 16 YRS. JUNIO 154 19	69/1PM
ny o 1, 2, or PM Departi	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
000	"Wash DC USH WIDOWED DIVORCED MONTGOMERS	Md.
Page Vith	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) INDUSTRY	F BUSINESS OR
after death along with the State Death.	Jeneth Provide Rel Ref 1/2 Student	
s afte 18. Gi alone with death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY VES NO TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
	manthomery Mey Chase 13 1 206 UAK RINGE	HUE.
	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
Z = 2 3 €	William E. C'NACE. PRACE //flu	dough
7 5 7 7 7	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, acupknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	NO \$13-56-9454 Father - Villance Chace	,
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e execut 'pending'' ef Medicc nsit permi	IMMEDIATE CAUSE (a) // CAUCALLY CHE COME PROJUCTION	
be ex "pend "pend nief M nief M norsit p event	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
O de l'aire de la constant de la con	rise to immediate cause (a)	
should be executed to ward "pending" is the Chief Medical burial-transit permit.	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sh sh v al v a	(c)	
S/6 c s certificate should e, writing the ward forwarded to the C used as a buriol-tr emoval, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificot writing rwarded ssed as o	196. CONDITION 197. CONDITION FOR WHICH OPERATION 20. AU	TOPSY?
0 0 0 1	WAS PERFORMED?	
be be	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature/of injury in Part 1 or Pert 2, Liem 18.)	NO 🗆
INER: 1 e certific should b files. 3 should	210. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH 210. EXTERNAL CAUSE WAS 210.	loat
NER e cer shoul files. 3 sho atior	PRIMARY OR CONTRIBUTING OF THE PRIMARY OF COURSE OF THE PRIMARY OF CAUSE OF DEATH 21d. INJURY OCCURRED 21e, PLACE OF INJURY At hame, farm, street, 21f. LOCATION Street or R.F.D. No. (City or Town Caughy	Rai Q
	where were under factory offus building stc)	no.
CAL EXAMINER: execute the cert or. Page 4 should for your files.	AT WORK AT WORK STORY ST	1 rus
ICAL exect for Port Port Port Port Port Port Port Po		n my opinian
Sine control of the c	death resulted from: Natural causes , Activent , Suicide , Homicide , Undetermined manner	
please e I director retained I DIRECT ior to bu	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CH	
EPUTY Ssory, ple funeral d oy be ret INERAL D	SIGNALURE M.D.	1010
DEPUTY SICAL EXAM scessory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page eaith prior to buriol, cren	NAME (Type) BELDEN REPLY ADDRESS STOP ON TOTAL COUNTY)	1169
ro DEPUTY necessory, the funero 5 moy be 0 FUNERA Health pr	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (CITYOF TOWN) (COUNTY)	(Stote)
	burial 6/17/69 National Mem. Pk. Cem. Falls Church, Va.	(21016)
The state of the s	AL SUMPAU DIDECTOR	
VR A15ME (5)	2901 14th St. N.W. Washington, L.C. DATELLIN 1 8 1969 Clearles Que	4.0
10M REV. 1/68	and the manifest of the state o	100

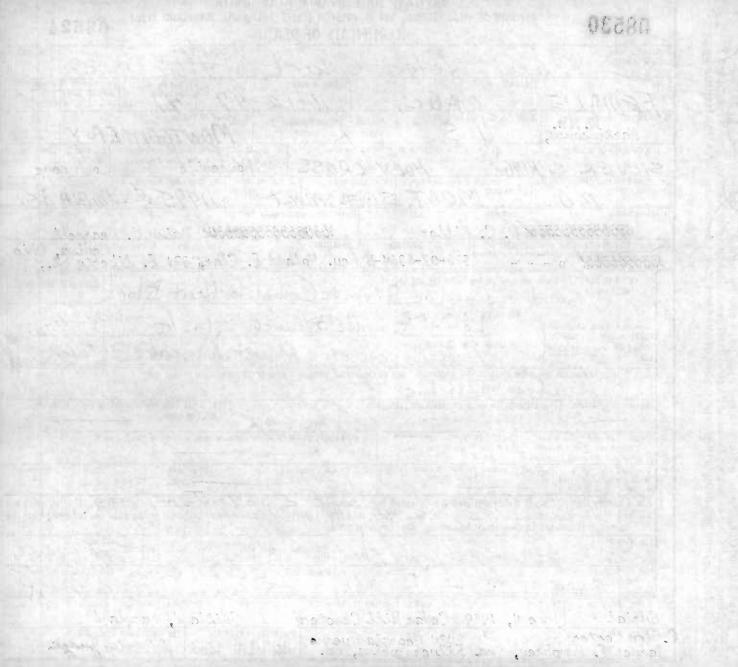


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						Lost		2a. DATE	CCTI VIII		/ear 2b. HOUR
								DEATH	MATED	25	19 6 7: 34
					6. AGE (In years last birthday)			ZC. DAIL I		or Year	2d. HOUR
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	USUAL RESIDENC	E (Where deced	sed lived if insti-	ution Residence	before 13c, CIT	Y OR TOWN	13d. INSIDE CITY LIM	13e. STREE			
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		R IN U.S. ARMED	FORCES?			17. INFORMANT MEDIC	AL RECO	RD DEPT.	ADDRESS		
	18. CAUSE OF	DEATH (Enter o	nly ane cause per	line for (a), (b), a	ınd (c).)					APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DE					lism wi	th Infa	arction			
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			(b)			phlebit	is, le	ft leg			
	stating the und									1 - 20	
	_		10/								
Z	PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATED	TO THE TERMINA	L DISEASE OR CO	INDITION GIVEN IN	PART 1(o)		
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DICAL CE	PRIMARY (X) OR CAUSE OF DEATH	CONTRIBUTING	HOUR	LM. 4/11/	1909	caught	lire	burning	g trash		
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	22o. 1 c	ertify that I	took chorge of	the remoins d	escribed obo	e, held an Au	utapsy	Inspection	, Inquiry	and	l in my opinion
	death res	sulted from.	Natural car	ises 🔲 , A	ecident .	Soicide .	, Hamicide	, Undet	ermined monn	er 🗌	
		11.	117	1	1/2/	1	CHIEF MEDICAL EX	XAMINER			
20	SIGNATURE	10ll	del		1 les	ITI.U.			22b. D	ATE SIGNED	
	EXAMINER'S NAME (Type)	BELDEN	R. REAP	, M. D.	1	2	DEPUTY MEDICAL		ttv) Stev	ue 21	,1969
		fv)							1	(County)	(State)
		4	ne 27 19) S		ins	losa prein			nt.	Md.
			rber 1	aytensy		Md,		100	111/1/14	reso	wight.
	1. D ((3. \$ \$ 70. \tag{23.0} \tag{24.1} \tag{23.0} \tag{24.2}	1. DECEASED-NAME (Type or Print) 3. SEX MALE 70. BIRTHPLACE (Stote country) MARYLA 10. CITY OR TOWN OF OLNEY 130. USUAL RESIDENC odmission) STATE 14. FATHER'S NAME 16a. WAS DECEASED EVE (Yes, no, or unknown NO 18. CAUSE OF PART I. DE WAS DECEASED EVE (Yes, no, or unknown NO 19a. DATE OF OR PART 2. OTHER S 19a. DATE OF OR PRIMARY (2) OR CAUSE OF DEATH 21d. INJURY OCC AUSE OF DEATH 220. I death res ACTUAL SIGNATURE EXAMINER'S NAME (Type) 23a. BURIAL, CREMAT BRAWOWAL Specie	I. DECEASED-NAME (Type or Print) RO 3. SEX MALE WHITE 70. BIRTHPLACE (Stote or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH OLNEY 130. USUAL RESIDENCE (Where deceased odmission) STATE MARYLAD 14. FATHER'S NAME First WASH 1 16a. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unknown) (If yes given in the print of the print o	DIVISION OF VITAL R MEDIC 1. DECEASED-NAME (Type or Print) 3. SEX 4. RACE MALE 70. BIRTHPLACE (Stote or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH OLNEY 130. USUAL RESIDENCE (Where deceosed lived, if instite odmission) STATE MARYLAND 14. FATHER'S NAME 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 18. CAUSE OF DEATH (Inter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stating the underlying cause lost. 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19a. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK 22o. I certify that I took charge of death resulted from: Not while AT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NAME (Type) BELDEN R. REAP 23a. BURIAL, CREMATION, BRIMOVAL Specify) 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR	DIVISION OF VITAL RECORDS, 301 A	DIVISION OF VITAL RECORDS, 301 W. PRESTORED STATE 1. DECEASED-NAME (Type or Print) 1. DECEASED-NAME (Type or Print) 1. ROBERT 1. Middle 1. MALE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BA MEDICAL EXAMINER'S CERTIFICAT 1. DECEASED-NAME (Type or Print) ROBERT S. SEX MALE WHITE 12-18-93 70. BIRTHPLACE (Stole or foreign country) MARYLAND 10. CITY OR TOWN OF DEATH OLNEY 130. USUAL RESIDENCE (Where deceosed lived, it institution. Residence before 13c. CITY OR TOWN odmission) STATE Middle WHAT COUNTY MONTGOMERY 134. COUNTY MONTGOMERY 14. FATHER'S NAME First Middle Lost WASHINGTON B. CHICHESTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 161. The part is presented by the course of decess of service) 17. INFORMANT DUE TO, OR AS A CONSCOURAGE OF USA CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PRENCAMED 210. EXTERNAL CAUSE WAS PRIME OF THE TIME OF INJURY (And home, form, street, foldery, office building, etc.) 210. EXTERNAL CAUSE WAS PRIME OF INJURY (At home, form, street, foldery, office building, etc.) 210. EXTERNAL CAUSE WAS PRIME OF INJURY (At home, form, street, foldery, office building, etc.) 210. EXTERNAL CAUSE WAS PRIME OF INJURY (At home, form, street, foldery, office building, etc.) 220. Lecrify that I look charge of the remains described above, field an All death resulted from. Natural causes AME PRIME OF INJURY (At home, form, street, foldery, office building, etc.) 221. LOCATION SIM AMME (Type) BELDEN R. REAP, M. D. 230. BURIAL, CREMATION, LARGE OF INJURY (At home, form, street, foldery, office building, etc.) 24. FUNREAU DECEASE ADDRESS 24. FUNREAU DECEASE ADDRESS DIVIDING CEMERERY OR CREMATORY ADDRESS	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, M. MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME	DECEASED MANE (Type or Print) First MEDICAL EXAMINER'S CERTIFICATE OF DEATH	DECEASED-MAKE First Middle Lost OF STREET RATIMORE, MARYLAND 2120 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Defeases Name First Middle Lost Children or Pinns Middle Mi



11 -	1/	- 1	- MARTILAND STATE DEFARMENT OF HEALTH
1 :02	/		08530 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
34 /			CERTIFICATE OF DEATH
30 1	· w /	1	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 26. HOUR
のかまり	1505		(Type or print) Manth Day Year
offer death	dead		Mary Helen Clark June 1 1969 M
B K S	₩2 - ₽		3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR I IF UNDER 24 HRS.
JE OU.	Pages ours afte		FEMALE CAUC 11-12-97 lost birthgay) YRS MONTHS DAYS HOURS MIN.
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の八水道	E & &	51	MI 130. COUNTY ONT SILVER SPRINGER NO 11495 COLUMBIA PK.
1 1 ×1	cign and ease remo		14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
181	15 5 5		AMANAS AS A
1800	D= 3-2		The state of the s
6/10			160. WAS DECEASED EVER IN U.S. ARMED FORCES? VAS. DO. DE UNIDOR WORD. Y (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Meding Ohio
R VE	phy en oval		185, no. oc unknown), Illy vs give war ard doles of service) 578-07-8364-B Rev. Roland E. Clark 321 E. Liberty St.
MAYE	he	ı	APPROXIMATE INTERVAL
いっかるモ	re Tij.	34	DADT I DEATH WAS CALISED DV.
\$ 7.7	mit		IMMEDIATE CAUSE (0) Cardiac Hovest-Complete year Dlock
	attendin permit. ian, ar re		DUE TO, OR AS A CONSEQUENCE OF
# # B & B	the sit p	m	Conditions, if any, which gave)
that Act	y the	(2)	rise to immediate cause (o),
quires the	signed by the attending physical transit permit. Then purial, crematian, ar removal,	10	storing the bluerlying couse
Le l'es	signed burial-tr	/	lost. 10 Hrterio-Scherotic Heart VI sease Thermand
7 3 3 8	Sign	"	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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te t	has se as h pri		CAUSES OF DEATH?
	use ha	2	YES NO NO CAUSES OF DEATHS
34 N. S	ar u		
4022 E			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d INITIAL OCCUPRED 21e PLACE OF INITIALY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or P.F.D. No. Gity or Town. Causty. State
HYSICIA	this certificate detached far u e Dept. af Heal		21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
スツノデモ	is tac		While Not while at wark A to wark
1001 5			
SE VCX	fter be Start		220. I certify that (1) (this haspital) attended the deceased fram and 2, 1964, to Uncl., 1969, that (1) (we) last
ON SE	d A	5	saw the deceased alive on Man 26 1969, and that in (my) (aur) opinion death accurred an the date and hour and from the
E I	8 8 =		causes stated abave, (1) (we) (did) (did not) view the bady after death.
A	いる。		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR C	DIRECTOR: ge 3 shauld led with the		Steen STAFF DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIVER 1969
	age file	1	22d. PHYSICIAN'S 22e. ADDRESS / 0620 Georgica Clufo
SPITAL	RA De De		NAMERTYPE GEORGE L. Dall E. C. Sochic MCIV
22734	O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		
OHO OHO	E Per Per	- 1	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)
000	OFT		BEMOVALISTOCITY) June 4, 1969 Cedar Hill Cenetery Suitland, Maryland
901		0	24 FUNERAL DIRECTOR & CALCAL CIRCLE 250. REGISTRAR'S SIGNATURE
1.0	30M REV. 1/6		Warner E. Pumphrey. Inc. Silver Spring, Md. DAUN 10 1969 Milliantes Judge.
		4	Marines (" Lauthines Line") was Shared Shared Line 1

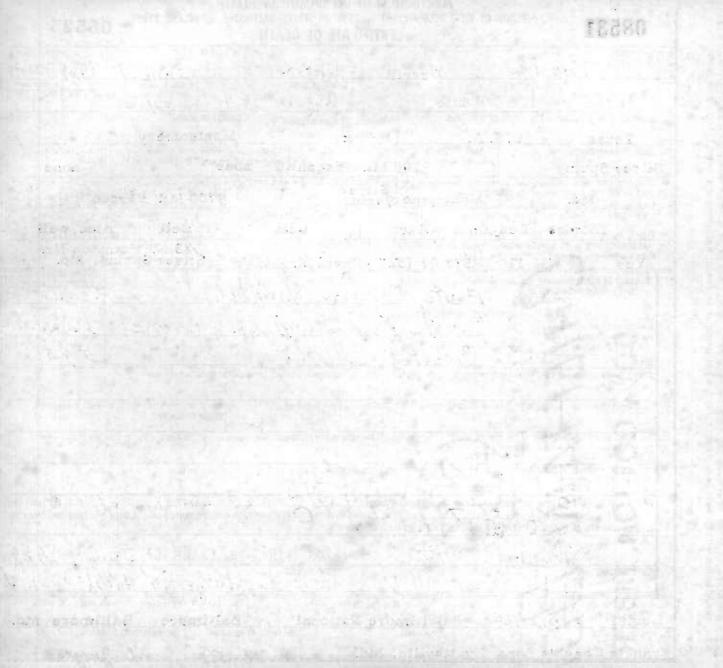
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	٠, 2	ī		rst Middle	Last	2a. DATE OF DEATH	2b. HOUR
	er death. funeral 1 and 2 ter death.		(Type ar print)	MAS Merr	ill CLARK	Month Day	1964 7:55 AM
	fun fun Ter c	3	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER I YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
	24 haurs after death ed in by the funeral ppers. Pages I and i	8	MALE	white	aug. 11	1914 54 YRS.	HONIRS DATS HOURS MIN
	hating by		a. BIRTHPLACE (State ar fareign auntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	4 04 91
	d in pers.		Texas	U. S. A.	WIDOWED DIVORCED	Montgomery	Md.
	filled filled pape thin 77	7	O. CITY OR TOWN OF DEATH	give street address) 970	NSTITUTION (If nat in haspital 12a. U	SUAL OCCUPATION (Kind af wark dane most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY none
	with rely with with	U	Silver Spring	eased lived, if institution: Residence befare			none
	e executed within 24 ho and completely filled in remove carbon papers. n any event, within 72h	5	dmissian) STATE Md.	13b. COUNTY Montgome	Silver YES	NO 9700 Mt. Pis	gah Rd
	and coremon n any	1 1	4. FATHER'S NAME First	Middle Last	15. MUTHER 5 MAIDEN NAM		Last
	be rad din		Thomas			Bell	Blackwell
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban paper shauld be filled with the State Dept. at Health priar ta burial, crematian, ar remayar, and in any event, within 72.		6a. WAS DECEASED EVER IN U.S. A Yes, po, ar unknawn) (If yes gr	ARMED FORCES? Ve wor or dates of service) 7 W 11 1 16b. SOCIAL SECURITY		ark 723 N ^{Addr} Han Silver Spri	
	The Plant		18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (a).1	1 ,	APPROXIMATE INTERVAL BETWEEN QNSET AND DEATH
	ar re		PART I. DEATH WAS CAU	DIATE CAUSE (a) 17 CUTE	Coronary Min	nh0515	ZW.
	e atte		Canditians, if any, which gay	DUE TO, OR AS A CONSEQUENCE O	1	Vn - 11.400	3660.
0	that the an. by the ransit p		rise to immediate cause (a stating the underlying caus	(b) A VIVE OF A CONSEQUENCE OF	y vimo mier	John - 3-wer C	10101
de.	sicia ed bed bal-tr		last.	1 10 Dinbert	23 melliths		5 ys,
0	equires physici signed burial-1 burial,		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
	ding ding ding the tr		19g. DATE OF OPERATION 19	9b. CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	then then das be as as	2	19a. DATE OF OPERATION 19	50. CONDITION FOR WHICH OFERATION WAS F		CAUSES OF DEATH?	MODERED IN CERTIFICATION
	ar a te h use use alth	X	21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF INJURY		inter nature of injury in Part 1 or Part 2, 1	tem 18.)
	oital tifica d far af He		OR CONTRIBUTING CAUSE OF COLOR	ıminer) P.M.	r 19		
	by the haspital ar attending by the haspital ar attending fter this certificate has been be detached far use as the State Dept. af Health priar ta		21d. INJURY OCCURRED 2 While Nat while	Te. PLACE OF INJURY (AT HOME, EARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	Na. City ar Tawn	County State
	NG the er the deede deede		22a certify that	(this haspital) attended the decea	sed from HOTI 2. 1	9 6 % to Jun 9 , 19,	b 2 , that () (we) lost
100	R: Aft uld by the St		sow the deceosed	(this haspital) attended the decea olive on 1441 ave (1) (we) (did (did nat) view the	19 b, ond that in my (our) bady after death.	opinion deoth occurred on the do	
	ECTO Showith	,	22b. SIGNATURE	D. mal	ATTENDING CONTRACTOR	MAED CTAEE	DATE SIGNED
	DIR DIR ge 3	7		Danes 11/1	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. L	un. 9, 1969
	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the burial, creating the burial of the state Dept.		22d. PHYSICIAN'S NAME (Type)	D. Bauer, M.	V. 2513 B		Uph P.9. m.
	HO Ige				F CEMETERY OR CREMATORY	23d. LOCANON (City ar Tawn)	(Caunty) (State)
	5 5 5 p x				more National	Baltimore Ba	altimore Md.
	VR A15 (4) 30M REV. 1)	LV	24. FUNERAL DIRECTOR	ADDRE		'D BY REGISTRAR'S	
	JUM KEY, 176	010	Francis Gasch	's Sons Hyattsvill	e, Md. URATEV	1 2 1000 Wande	· Victor

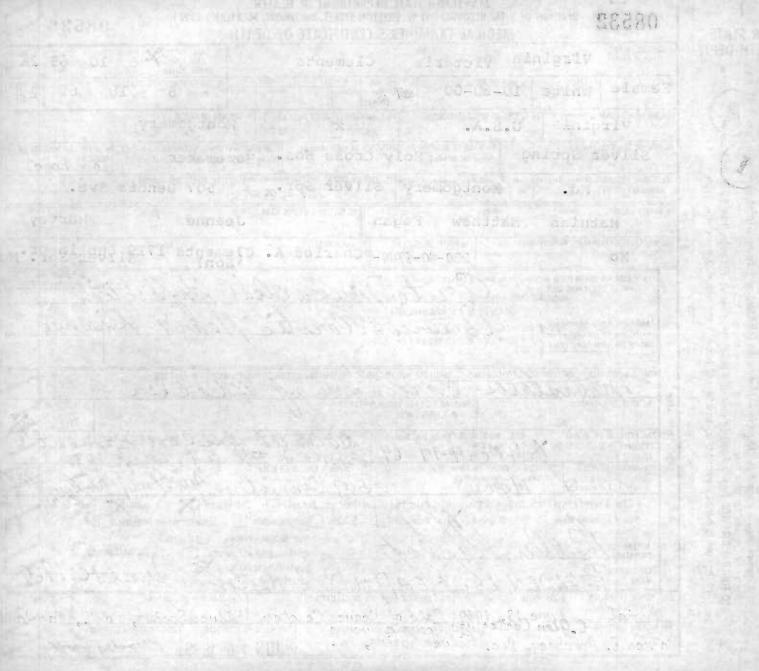
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08532 08526 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Virginia Year 69 HEALTH DEPT. 1. DECEASED-NAME Lost 20. DATE KNOWN Month (Type or Print) Victoria Clements ESTI-6 ay is 3 ta Page aţ DEATH MATED IF UNDER 24 HRS. IF UNDER 1 YEAR Female White S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD, Yeor 69 pup HOURS 6 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Montgomery 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED Farm Virginia country) WIDOWED T DIVORCED [in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) HOLY Cross Hos during Hom emiliate feelingd.) 10. CITY OR TOWN OF DEATH Spring 12b. KIND OF BUSINESS OR the certificate, writing the ward "pending" in pencil in Item 18. Give Pag should be farwarded to the Chief Medical Examiner's Office along with home death. 13e_STREET AND NUMBER . 507 Dennis 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md • 13b. COMPORTSOMERY SILVER 13d INSIDE CITY LIMITS? Ave. land 2 after. Fagan 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Jeanne Middle Harwey Matthew Mathias hours pages Charles A. Clements ADDRES 19 Dublin Dr. Md 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, orunknown) (If yes give war or dates of service) 220-40-5749-File within APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH .⊆ 18. CAUSE OF DEATH (Enter only one couse per me for (o), (b), and permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g, certificate D removal, c CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe 210. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING crematian, CALISE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County foctory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy for and in my apinian Inspection N Inquiry directar. death resulted fram: Natural causes Accident Undetermined manner Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the tuneral SIGNATURE DEPUTY MEDICAL EXAMINER 5 m TO FUN Health **EXAMINER'S** NAME (Type) or county) 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Gate of Heaven Constany 1969 Silver Spring. Mont CLEOADDRESS HUENNE 2Sb. REGISTRAR'S SIGNATURE Thorten Judge VR A15ME [5] 10M REV. 1/68

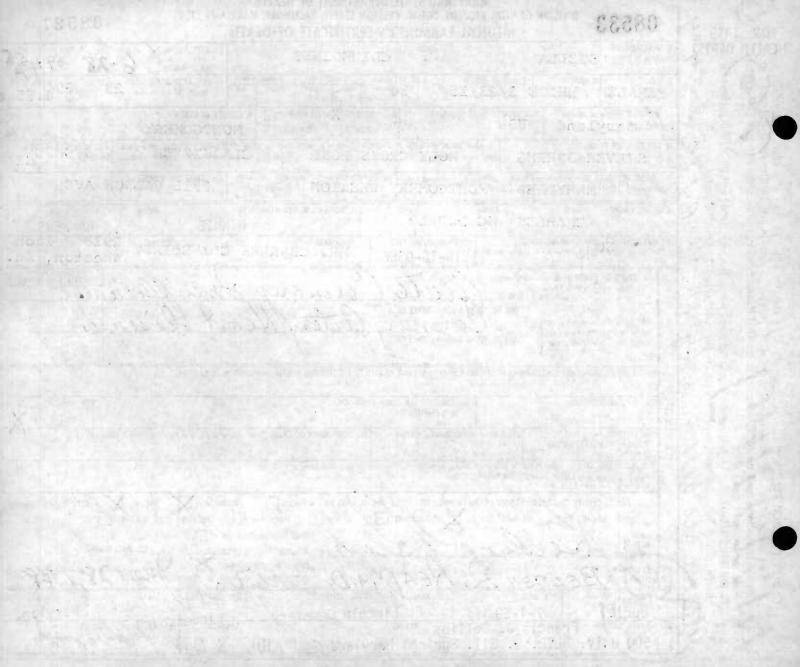
MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08527 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME Middle CLINEDINST 20. DATE KNOWN (Type or Print) STELLA ESTI-DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 5/23/15 AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 69 Fest Aurthody) FEMALE WHITE Month 6 Dov Yeor Depar 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) marvland WIDOWED F DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death 120. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) CROSS' HOSP SILVER SPRING give street bderest Y with the Office along 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER SON odmission) STATE MARYLAND. COUNTYMONT GOMERY WHEATON lond 2 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle DONALD CHARLES MC MINNIE BAMBERS the Chief Medical Examiner's poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) 1 (If yes give war or dates of service) pencil CLINEDINST 2913 Dalson executed within 16b. SOCIAL SECURITY NO. 17. INFORMANT CHARLES 216-16-0356 Wheaton. Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line top (a) (b), one (b) permit. PART I. DEATH WAS CAUSED BY monar IMMEDIATE CAUSE (a) DUE TO, ON AS A CONSEQUENCE OF burial-transit pe Conditions, if ony, which gove rise to immediate couse (o), the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 forwarded OS removal, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote director. Page 4 foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE 220. I certify that book charge of the remains described above, held an Autopsy Inspection inquiry ond in my opinion Natural causes death resulted from: Accident Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER SIGNATURE. 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) or county) 0 23o. BURIAL, CREMATION, 23b. DATE OF PEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (Stote) Ft Lincoln Cemetery Bladen Sput GRAR'S SIGNATURE 1250. REC'D BY REGISTRAR DE LINCORAR'S SIGNATURE 7-1-69 Maryland Francis J. Collins 24. FUNERAL DIRECTOR 500 Univ. BLVD. W. Sil. Spring, Maryland DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





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	Ser.				CERTIFICATE OF DEATH		08529
	毛 名語	1. DECEASED-NAME (Type ar print)	First Leanore	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	de	XXX	200000	E/12a ba	th Cochran		10 69 12 25 M
	s fer	3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	s af the age rs af	temale	Ca	ucasian	9-20-	lost birthday)	MONTHS DAYS HOURS MIN
	nours after death	7a. BIRTHPLACE (State or fore	ign 7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		country) Marylan		4 - Ameri	WIDOWED DIVORCED	montgonery	Md.
		10. CITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR IN	STITUTION (If not in hospital # 120. US	SUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
	requires that the death certificate be executed within g physician. I signed by the attending physician and campletaly filling buriol-transit permit. Then please remove carbon be buriol, crematian, or removal, and in any event, within	Takoma Par	-K giv	re street address) was	STITUTION (If not in hospital 120. US hington Sanataryaduring	most of warking life, even if retired.	INDUSTRY TEL
	日本 日本	13o. USUAL RESIDENCE (When	e deceased lived, it instit	ution: Residence before	138. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER	170162
	St ex sal	admission) STATE	nd Monta	ometu	Silver Spring YES	NO□ 805 Eas 1.	ey Street
	id c	14. FATHER'S NAME First			IS. MOTHER'S MAIDEN NAME		Lost
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	physicion and campletaly en please remove carban oval, and in ony event, with	160. WAS DECEASED EVER IN	U.S. ARMED FORCES? f yes give war or dates of service)	16b SOCIAL SECURITY	NO 17. INFORMANT	Address	Germantown, Md.
	hys n p val,	Yes, na or unknawn)	Ass disse with its notes of selecte)) (0-0)	A Curtis Wood-R.	t.355. StatenCt. 3	Tox Chapel.
	om:	18. CAUSE OF DEATH (Enter anly one cause per	line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	ndiii nit.	PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE (o)	CAR	DIAC ARR	1235	2 V
	atte atte	4360		R AS A CONSEQUENCE OF			- 1 week
	the sit particular	Canditians, if any, which		(EK)	=BKU UASCC	LLAR ACCIDA	ENT
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	physician. signed by the attending physicion and campletely buriol-transit permit. Then please remove carban buriol, crematian, or removal, and in ony event, with	last.	(c)_	agh	eroscletus	5	
10	phy phy sign buri buri	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIE	BUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
19	ing ing he he	Z Dio	nelos	, hur	er tension	\	
m	end end s be as t as t	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
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1.	I or cote or u				21c. HOW INJURY OCCURRED (En	ter nature of injury in Part 1 ar Port 2	, Item 18.)
	Pite pite of the of the	(If either, notify medica		1			
	HYS hos s ce ache ache		21e. PLACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D. N	lo. City or Tawn	Caunty State
	the this detected	While Nat while at wark					
	by there start	22a. I certify that	(this hospital) at	tended the decease	ed from 6 - 0 , 19.		9 <u>69</u> , that (1) (we) last
	ENG Pictor Wild Wild Wild Wild Wild Wild Wild Wild	saw the deced	abave, (I) (we) (did	Med natiview the	9 6 %, and that in (my) (aur) a	pinian death accurred on the c	late and hour and from the
	Sho sho	22b. SIGNATURE	abave, (1) (we) (ula	To the man stew line	budy uner deam.	22/	DATE SIGNED!
	dw dw	Jol	- 1	Con	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	6/20/69
	AL D	22d. PHYSICIAN'S		+ 0	1220 ADDRESS C.)	1 UNIVERSI	TY REUDE.
	ERA ERA Dr., F d be	NAME (Type)	OHNL	- FOR		LUER SPRING	- md 20903
	HOS Gerto Oulk	23o. BURIAL, CREMATION,	23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (Stote)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requence 4 may be retained by the hospital or attending phypage 4 may be retained by the hospital or attending physician and the following the filed with the State Dept. of Health prior to burners.	230. BURIAL, CREMATION, REMOVAL (Specify)	June23, 196	9 Gate	of Heaven Cemetery	Silver Spring	, Montgomery, Md.
	VR ALSTA	BY CHINEBAY SOURE COR	G. Carter	8434 GEBRE	ia Avenue 250. REC'D	BY REGISTRAR 256 REGISTRAR	'S SIGNATURE
	45M · 1X69	Marmon & Du	mnheeu Inc	Silver	pring Md. Inalla	2 5 1969 /100	7

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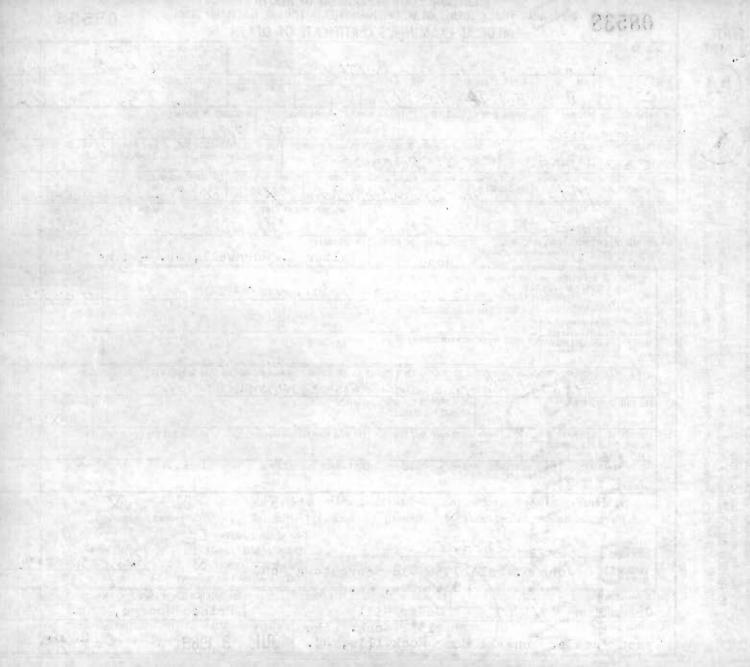
FOR STATE		085	36 DIVISION				ERTIFICATE				1853	•
HEALTH DEPT.		ECEASED-NAME	First		Mide	dle	Last		20. DATE KNO	WNX Month		reor 2b. HOUR
is of of	(1	Type or Print)	Denv	il	O'Ne	eal	Comp	ton		ED June		19696:32M
± ° 3 ≤	3. SI	EX	4. RACE	S. DATE OF BIR	TH .	6. AGE In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRON			2d. HOUR
	M	ale	White	5 Marc	h 1930	39 birthday)	MONTHS DAYS	HOURS MIN	June	1 Pay	Yeor	969 6:32M
1 00		BIRTHPLACE (Stat		7b. CITIZEN OF WHA	AT COUNTRY?		ARRIED NEVER MA	RRIED ST 9. CO	UNTY OF DEATH		,	,0) 0.04
s 1,	coun	try) Geor	gia	USA					Montgome	ery		Md
INER: This certificate should be executed within 24 hours after death. Sny desertificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, one should be forworded to the Chief Medicol Examiner's Office along with form PM3. files. 3 should be used as o buriol-transit permit. File poges land 2 with the State Departmotion, or removal, and in any event within 72 hours ofter death.		ITY OR TOWN O Bethe	sda	give s	reet oddreshe	e Clinio	N (If not in hospitol cal Cente	r during most Posit:	occupation (Kind of warking life, e ion Spec	of wark done even if retired.)	12b. KIND INDUSTRY	OF BUSINESS OR
ithin 24 hours after encil in Item 18. Giv miner's Office along poges 1 and 2 with t	00	HE SWeimb	ngton, I	ed lived, if institu	tion: Residence	before 13c CIT Was1	or town	d. INSIDE CITY LIMITS? YES X NO	13e. STREET AN		reet,	S. W.
hours Office Office	14. F	ATHER'S NAME	First	Middle		Lost	1S. MOTHER'S MA	DEN NAME First		Middle		Last
ris of rrs			Jeptha			ompton		Ma	•		В	rooks
within pencil xaminer ile poge	16a. \ (Y	WAS DECEASED EV es. ng. gr unknov	ER IN U.S. ARMED I	ORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANTTh	e Medica	l Record	ADDRESS		
Exam Exam File 1		es, na, ar unknov Y es	1953	-1956	25'7-1	16-7069	The Clin	ical Cen	ter, NIF	I, Bethe	sda,	Md. 2001
should be executed within ne word "pending" in pencil to the Chief Medicol Examine buriol-transit permit. File poginiony event within 72 hou		1B. CAUSE OF	DEATH (Enter on EATH WAS CAUSE	y ane couse per lin			xsangui	nation				COXIMATE INTERVAL EN ONSET AND DEATH
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INER: This certifica e certificate certificate, writing should be forworder files. 3 should be used as ortion, or removol, a	MEDICAL CE	PRIMARY (A)O CAUSE OF DEAT	R CONTRIBUTING	216. TIME OF	NJURY Month, D	. 19 69	Accide	CURRED (Enter not ntal la	ure of injury in P	on of	vena	Cava
	MED	214 INTURY OF	TIPPED 210	DIACE OF INHIDY /A	+ hama farm	ctroot	216 LOCATION Street	or R.F.D. Na.	City or Tox	wn	Caunty	State
(AN)		AT WORK	T WORK Na	tory office building	, etc.)	eal th		Be	thesda	, Mont	gomen	ry, Md.
JICAL EXAMINER: ie execute the certificator. Page 4 should ned for your files. ECTOR: Page 3 should buriol, cremotion,		22a. I	certify that I to	aak charge of th	e remoins d	escribed obov	e, held an Auto					
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no DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	13	NAME (Type)	John	G. Ball,	M. D.			DRESS(Street, city, to		Bethes		
To the He	230.	BURIAL, CREMA	TION, 23b.	DATE	23c. NA	ME OF CEMETER	Y OR CREMATORY	230	I. LOCATION (City		(Caunty)	(Stote)
		Buria!	6	-20-69	We	stview	Cemete	rv A	tlanta	. Georg	gia	
	24. To	FUNERAL DIRECT	OP			ADDRECC		250 DEGED DY DE	GISTRAR 961	Sb. REGISTRAR'S	SIGNATURE	ordela :
VR A15ME [5] 10M REV. 1/68	21	COMMI	TOP	THINEL,	nerne	sda, M	aryland	DATE	1	M.	at	^

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle funeral 1 and 2 er death. Lost 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death (Type or print) Manth MURTI MARIE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) 82 MONTHS DAYS HOURS 4-26-Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Missouri WIDOWED X DIVORCED [mer, attending physician and completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even it retired.) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? TAKOMA PARK YES NO 600 and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle John ANNA 15oner McClellAN 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) ar remaval, Med. Records UNKnowN Washington dand Hos CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Canditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed ! burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the prior tak 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **TO FUNERAL DIRECTOR:** After this certificate has directar, page 3 shauld be detached far use as shauld be filed with the State Dept. af Health pri CAUSES OF DEATH? YES 🗍 NO D Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated above, (1) (we) (did (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (IMPE) 23a. BURIAL CREMATION. Bb. DATE 23c. NAME OF CEMETERY OR CREMATORY ((dunty)) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 45M - 1/69

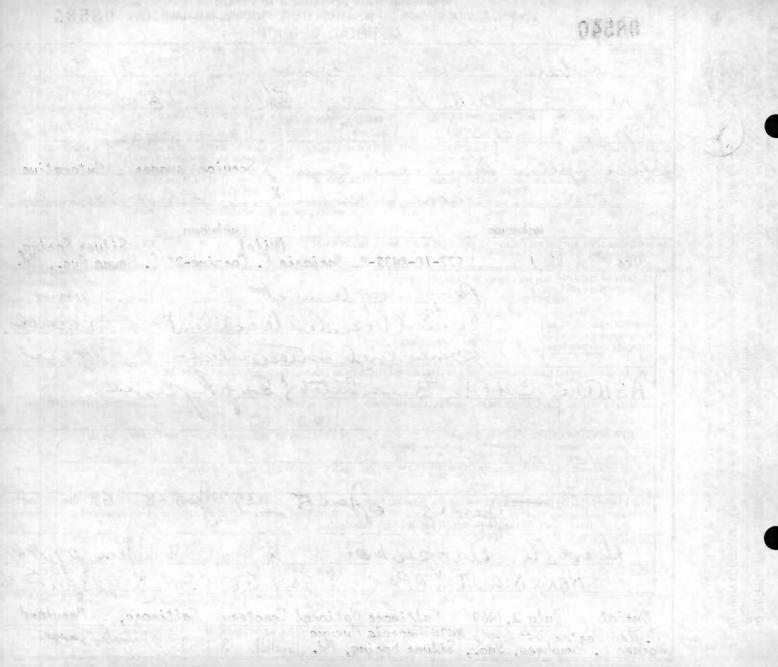
	1	MARYLAND STATE DEPARTMENT OF HEALTH	
17		08538 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	8532
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.			Ooy Yeor 2b. HOUR
is to se to		(Type or Print) VIRGIC MARY CORN WE! DEATH MATED & 6	30 1969 6 AM
P 20 0		3. SEX 4. RACE 0 S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
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hin 24 ncil in niner's pages haurs	1	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
		(res, no, or unknown) (If yes give wor or dates of service) None Walter R. Cornwell, Sr same	and the same of th
ecuted in in edical Experience of within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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be execute "pending" iief Medical insit permit.		485 X DUE TO, OR AS A CONSEQUENCE OF	
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retificate shauld be executed with writing the word "pending" in perwarded to the Chief Medical Exansed as a burial-transit permit. File naval, and in any event within 72		lost. (c)	
s a b		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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certificate writing th irwarded t	1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING THOUSE A.M.	n 18.)
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		factory office building start	County State
DEPUTY DICAL EXAMINER: cessary, please execute the certife funeral director. Page 4 shault may be retained far your files. FUNERAL DIRECTOR: Page 3 shausth, priar to burial, cremation,		WHILE NOT WHILE TOCTOFY, OTHER BUHINING, etc.)	
please execute the director. Page 4 director. Page 4 Director. Page 4 Director. Page 50 Director. Page 50 Director. Page 50 Translation of the burial, cre		220. I certify that I took charge of the remains described obove, held an Autapsy (X), Inspection (X), Inquiry (X),	ond in my opinion
ICAL I e exector for Popularial burial	7	deoth resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
lease edirector		CHIEF MEDICAL EXAMINER	
y, ple grad discrete	1	ACTUAL SIGNATURE Orbin S. Ball M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	GNED
EPUTY sssary, p funeral ay be r NNERAL	7	SIGNATURE	.30,1969.
O DEPUTY DICK necessary, please e the funeral director 5 may be retained O FUNERAL DIRECT Health priar to bu		EXAMINER'S John G. Ball 7936 Old Georgetown prounting of the standing of the s	
necessary, the funera 5 may be 10 FUNERAL Health, pr	-	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	Caunty) (State)
		Cremation 7/1/69 Cedar Hill Prince George,	Md.
^		24. FUNERAL DIRECTOR 13 DDRESROCK. Pike 250. REC'D BY REGISTRAR 25b. REGISTRARS SIG	
VR A15ME (5) 10M REV. 1/68	0	Tyson Wheeler uneral Home Rockville, Md. DAUL 3 1969 Course	y Jange.
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	24.	FUNERAL DIRECTO	R 13:	31 Rock	ville	ADDRESS Pi	ke	2So. REC'D BY F	REGISTRAR	2Sb. REGISTRAR		
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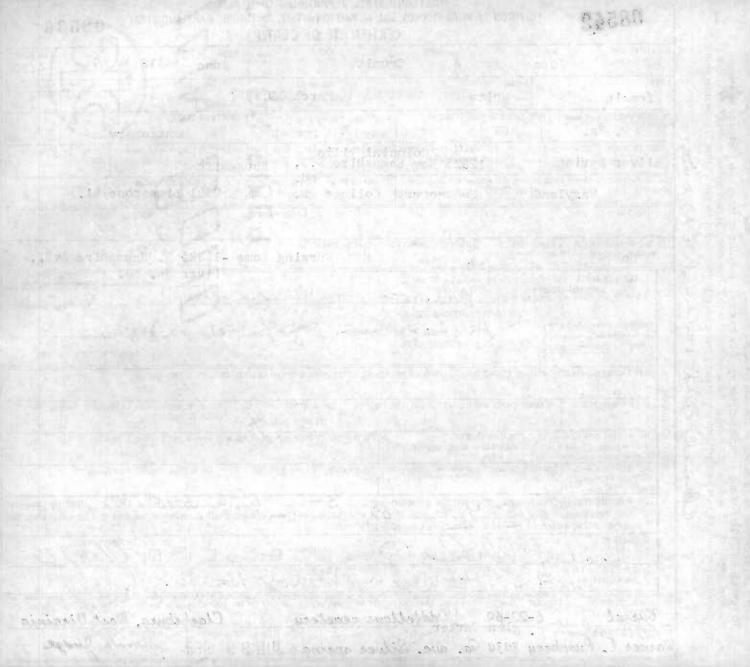
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2 1		08540	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STRE		(LAND 21201 (18534
# 25#		DECEASED-NAME First Type or print)	Middle		2a. DATE OF D	EATH Day	Yeor 2b. HOUR
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HOSPITAL OR ATTENDING PH age 4 may be retained by the h FUNERAL DIRECTOR: After this rector, page 3 should be detac hould be filed with the State Dep		saw the deceased a	is hospital) attended the d live on Augustian e, (I) (we), slid) (did nat) view	19 Sand that in [my]			6 Z, that (I) (we) last e and haur and fram the
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Page Of Fun	23	BURIAL, CREMATION, 23b.		ME OF CEMETERY OR CREMATORY Ltimore National		(City or Town)	(County) (State) Maryland
VR A15 (4) 30M REV. 1/68	24	CUNERA DIRECTOR arterlarner E. Pumph	C.A.	Jeo La Comme	SG. REC'D BY REGISTRAR DATE UL. 3 196	2Sb. REGISTRAR'S S	GNATURE



1	. 1	08541 DIVISION OF VITA	MARYLAND STATE DEPARTMENT OF LL RECORDS, 301 W. PRESTON STREET, BA		08535
P		00031	CERTIFICATE OF DEATH	TO THE WAY	
	ath.	. DECEASED-NAME First (Type or print)	Middle Last	2a. DATE OF DEATH Manth Day	Yeor 2b. HOUR
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	xecuted within 24 Completely filled in ove carbon paper ny event, within 72	0. CITY OR TOWN OF DEATH 11. NAME OF give street or Kando	lph Hills Nursing Home	SUAL OCCUPATION (Kind of work done mast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	ate be executed within rician and completely fill lease remove carban p and in any event, within	3a. USUAL RESIDENCE (Where deceosed lived, if institution: Reddmission) STATE and 13b. COUNTY onto	scidence before 112, CITY OF TOWN 124 INSIDE CIT		e Drive
	and compression and compression and second	4. FATHER'S NAME First Middle	Last 1S. MOTHER'S MAIDEN NAMI		cChessney
	physician of personal please aval, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES?	OCIAL SECURITY NO. 17. INFORMANT 20-44-1562-7 June Small	ing, 11933 Viers M	Spr. Md.
	e death c attending vermit. Th	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A Conditions, if only, which gove rise to immediate couse (a),	ONSEQUENCE OF arterios	cleroses	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH 2 YRS
379	i: The law requires that the or attending physician. The has been signed by the use as the burial-transit path priar ta burial, cremating	stoting the underlying cause DUE TO, OR AS A Collast. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		ORCONDITION GIVEN IN PART 1(o)	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	22a. I certify that (1) (this haspital) attended saw the deceased alive an accuses stated abave, (1) (we) (did) (did)	the deceased fram SEPT, 19 1969, and that in (my) (our) controlled to the second to 	ppinian death accurred an the dat	69_, that (I) (we) last te and haur and fram the
	be retained be retained DIRECTOR: A ge 3 shauld iled with the	22b. SIGNATURE Layran T. Be	PHYS. ATTENDING PHYS.	MED. STAFF 22c. DIRECTOR PHYS. D 6	PATE SIGNED /
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	22d. PHYSICIANS NAME (Type) Raymond T.	Benack MD 22e. ADDRESS 4115	Colie DRIVE, L	theaton, md.
	Page direct	23a. BURIAL, CREMATION, REMOVAL (Spenify) 23b. DATE 21. 1969	23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	23d. LOCATION (City or Town) Sultland, Mary	(County) (State)
	VR A15 (4) 30M REV. 168	Warner E. Pumphrey, Inc. Si		N 2 3 1969 25b. REGISTRAR'S	SIGNATURE

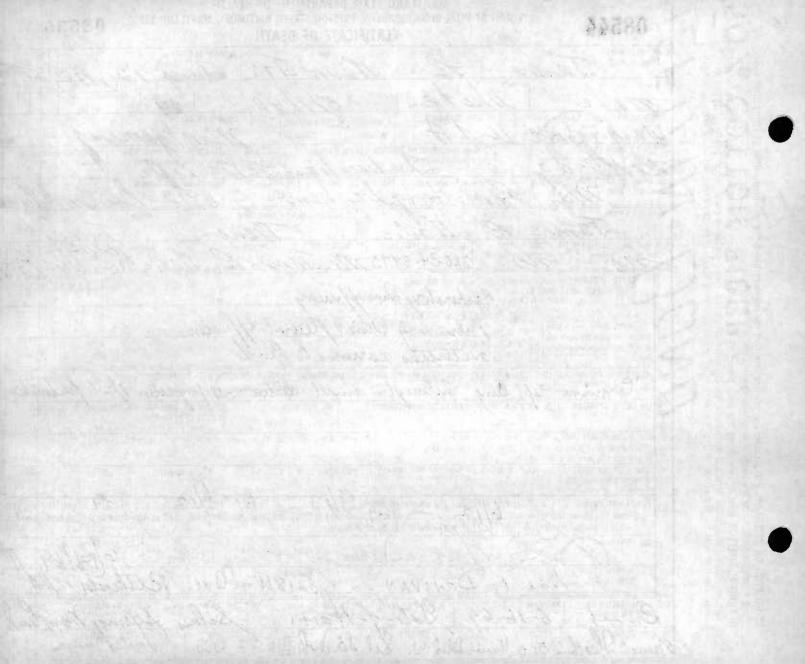
MARYLAND STATE DEPARTMENT OF HEALTH



1/1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	08543 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08537
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month (Type or Print) DOCER T CLIT I THANK OF ESTI-	Doy Yeor 2b. HOUR
ofter death any deloy is 8. Give Pages 1, 2, and 3 to along with farm PM3. Page with the State Department of leath.	3. SEX 4. RACE S. DATE OF BIRTH MALE WHITE 3/2/15 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month Day 3 6 6 6 6 6 6 6 6 6	3 89 7:1M 2d. HOURA Year 1969 7:1M
es 1, 2, form Ph	7a. BIRTHPLACE (Stote or foreign Country of Death Country) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY	Md.
ofter death 8. Give Pages along with far with the State leoth.	Silver Spring grant of the spital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. (ITY OR TOWN odmission) asIATE land 13b Montgomery S SMd. YES № NO 10417 Huntle	ey Ave.SSMd
24 hours in Item 18 r's Office es tend 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Roger J Cullinane Elizabeth T.	Whelan
within n pencil i Examiner File page	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS WIFE Loretta 10417 Huntley	Ave. SSMd.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (k).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLUMN OR CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol posit permit. F event within	Conditions, if any, which gave DUE TO, OPAS A CONSEQUENCE OF CONDITIONS OF ANY WHICH GOVERN	Seaso
	rise ta immediate cause (o), stating the underlying cause lost.	
icate ing the ded 1 ond	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	to unknown
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L jiljig	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Ite HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar	am 18.)
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blease execudirector. Poperation of DIRECTOR: Poperation of DIRECTOR: or to burial,	22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide Undetermined manner	, and in my opinion
	ACTUAL SIGNATURE Delcen Delcen Assistant Medical Examiner 22b. Dates	SIGNED
TO DEPUTY necessory, p the funerol 5 may be re 10 FUNERAL Heolth prio	EXAMINER'S RELDEN R. REAP MIDDRESS TOPPOS COUNTY) JUNE	3.1969
10 10 10 14 He	23a. BURIAL, CREMATION, REMOVAL Specify 6-6-69 Gate of Heaven XX Silver Spring	(Cauryy) (State)
VR A15ME (5) 10M REV. 1/68	24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 250. REGISTRAR'S S 500 University Blvd. W. Silver Spring, Md. PMEN 9 1969 Williams	
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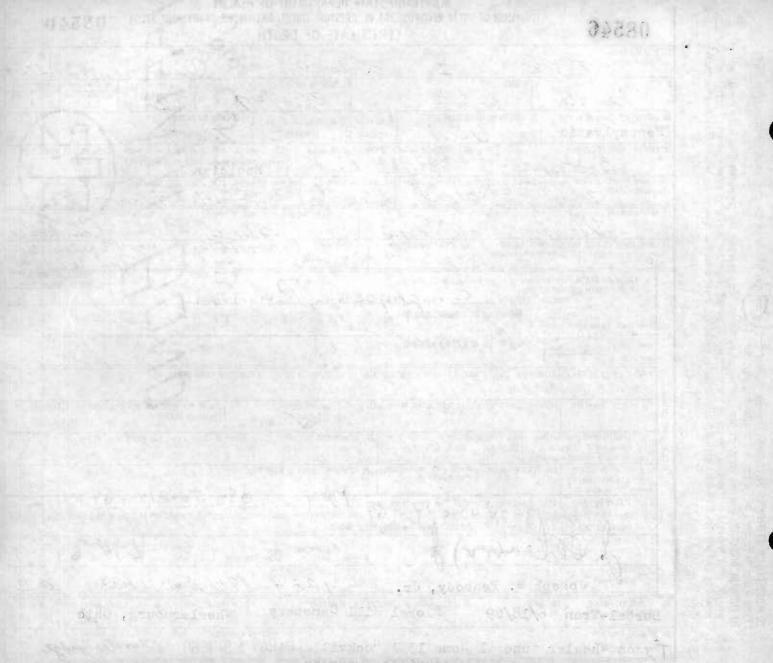
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点 量 草	10.	CITY OR TOWN OF JEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
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ATENDING PHYSICIAN: The law requires that the death certificationed by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physishauld be detached for use as the burial-transit permit. Then point the State Dept. of Health prior to burial, cremation, or remayal,	1	220 I certify that (I) (t	this hospital) attended the deceased from 3/17, 1969, ta 4/2, 1910 alive an 6/12 1967, and that in (my) (our) apinion death occurred on the do ve)(1) (we) (did) (did pot) view the bady after death.	60 About 111 1 1 1 1
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TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt				nug pry
Page O FUN direct shaul	230	BURIAL, CREMATION, 23b	DATE 23c. MAME OF CEMETERY OR CHEMATORY 23d. 1984104 (City or Town)	(County) (Stote)
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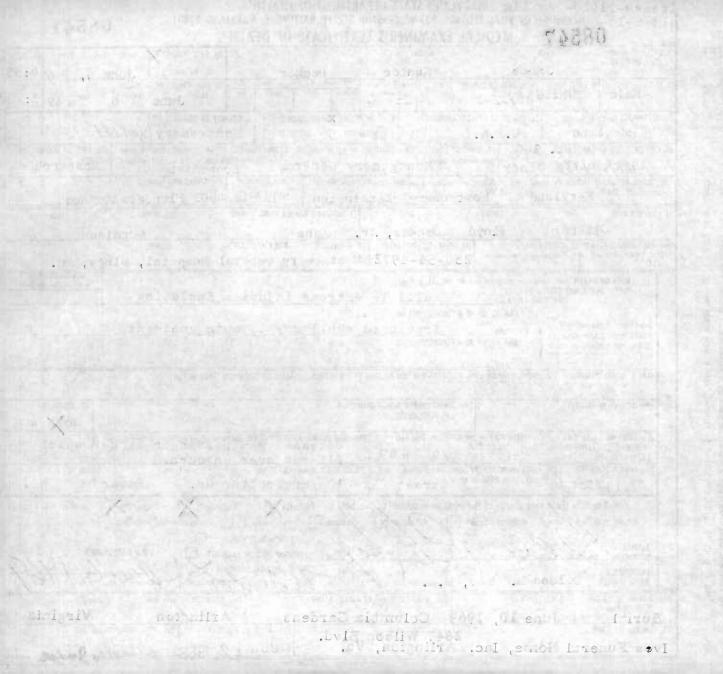
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 085	540
	CERTIFICATE OF DEATH	
death.	1. DECEASED-NAME (Type or print) Septa T Sauce 20. DATE OF DEATH Month Doy Yeor	2b. HOUR
ne death certificate be executed within 24 haurs after death. aftending physician and campletely filled in by the funeral permit. Then please remave carbon papers. Pages 1 and 2 ian, ar remaval, and in any event, within 72 hours after death.	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost bigliddy) MONTHS D YRS.	AR IF UNDER 24 HRS. AYS HOURS MIN.
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DING PHYSICIA by the haspital free this certificate be detached fa State Dept. af H	While Not while	Stote
OR ATTENDING OR ATTENDING De retained by the MRECTOR: After the 3 should be ded with the State	22a. I certify that (I) (this hospital) attended the deceased from 19 9, and that in (my) (our) opinion death occurred on the date and ho cause stated above, (I) (we) (did) (did not) few the bady after death.	not (I) (we)-lost
R ATTENI retained RECTOR: A 3 shauld with the	22b. SIGNATURE 22c. DATE SIGNED	
PITAL OR may be RAL DIRI	22d. PHYICAN'S 22e. ADDRESS 22e. ADDRESS	37
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	230. BURIAL (REMATION, BRANGE OF CEMETERY OR CREMATIORY Floral Hill Cemetery Wheelersburg, Ohio	(Stote)
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	
45M - 1/69	Tyson Wheeler Funeral Home 1331 Rockville Ripker 1 9 1969 Charles J	

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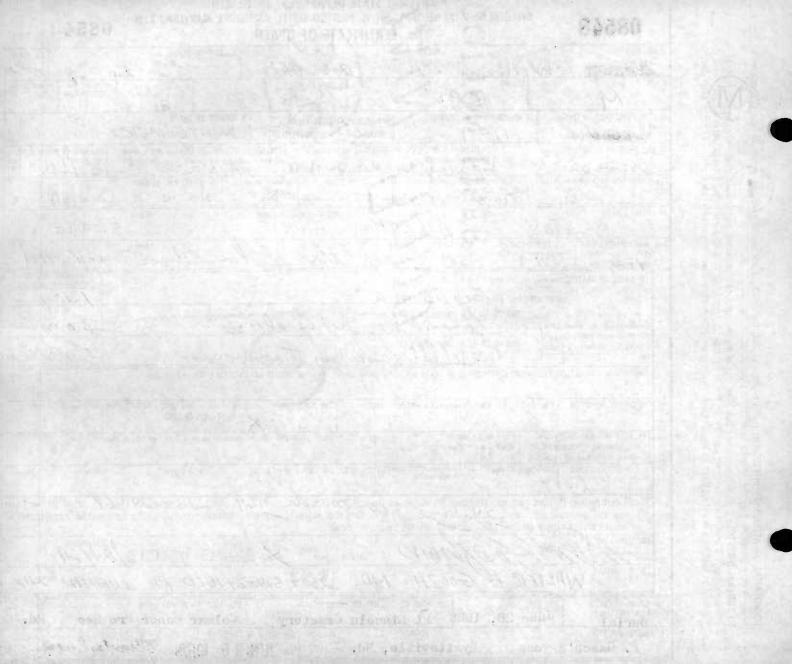


13 6-18-69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08541 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2g DATE KNOWN Month 2b. HOUR T (Type or Print) ESTI-PM3. Page James Hunter 604:55 Decker DEATH MATED 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male Jost birthday) White Manth June Ē 10/2/43 Day 5:20F Year 10 69 YRS 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 farm the State De country) Maryland U.S.A. WIDOWED | DIVORCED [Montgomery/Howard/ 8. Give Pages 10. CITY OR TOWN OF DEATH IX 12 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Office along with 12a. USUAL OCCUPATION (Kind of work done haurs after death 12b. KIND OF BUSINESS OR give street address Montgomery General during mast af working life, even if retired.) INDUSTRY death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? land 2 with 13e. STREET AND NUMBER odmissian) STATE Maryland 13b. COUNTY Montgomery 4903 Flanders Avenue Kensington YES NO Item 1 after 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME Middle Clifford pencil in Floyd Decker, Jr. Within 24 haurs Edna Moreland shauld be farwarded to the Chief Medical Examiner 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT records ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 230-54-4972 Montgomery General Hospital, Olney, Md. File u. within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (g) Multiple extreme injuries including event \ DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave fractured skull due to auto accident rise ta immediate cause (a), This certificate shauld any the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 2. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗍 the certificate, pe 5 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Rart 2, Item 18.)
Deceased was passenger in car. 3 shauld PRIMARY X OR CONTRIBUTING MEDICAL HOUR ADMS crematian, EXAMINER: 19 69 CAUSE OF DEATH flinned over on curh 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK Rte 108 nr Trotter Rd. Howard Md. Page burial, 22a. I certify that taak charge of the remains described above, held an Autopsy Inquiry X Inspection and in my apinian directar. death resulted from: Natural causes Accident by Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE **EXAMINER'S** may Health Belden R. Reap, M.D. NAME (Type) 0 23o. BURIAL, CREMATION, 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Virginia June 10, 1969 Columbia Gardens Arlington Burial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 2847 Wilson Blvd. VR A15ME (5) Ives Funeral Home, Inc. Arlington, Va. DATE 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



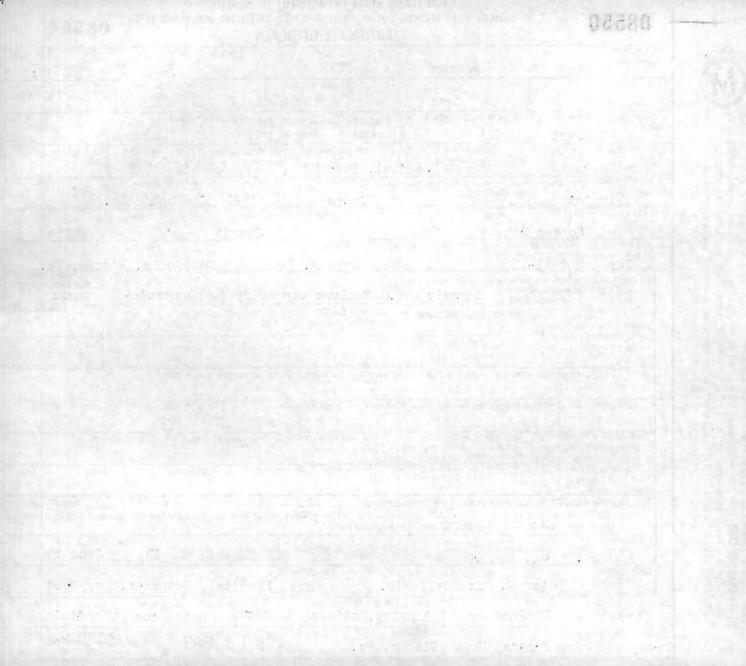
	MARTLAND STATE DEPARTMENT OF HEALTH	
6	08548 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	8542
death. heral and 2 death.	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	Year 2b. HOUR
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IFU	UNDER I YEAR IF UNDER 24 HRS. HTHS OAYS HOURS MIN
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requires that the death certificate be g physician. signed by the attending physician or surial-transit permit. Then please to a burial, crematian, at removal, and in	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OR ATTENI OR ATTENI DIRECTOR: A pe 3 should ed with the	22b. SIGNATURE DEGREE ATTENDING MED. STAFF G/20. DATE OF CONTROL O	SIGNED 4/69
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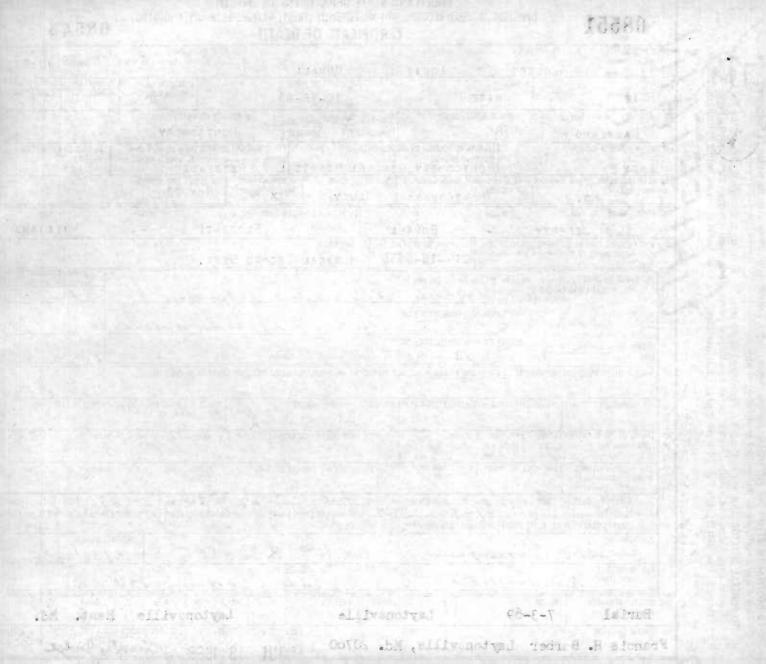
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VR A15 (1)	24.	FUNERAL DIRECTOR Nalle	y's Funeral ADDRESS	Mt. Rainier - 250. RECD	BY REGISTRAR 2Sb, REGISTRAR 3 0 1969	SIGNATURE			

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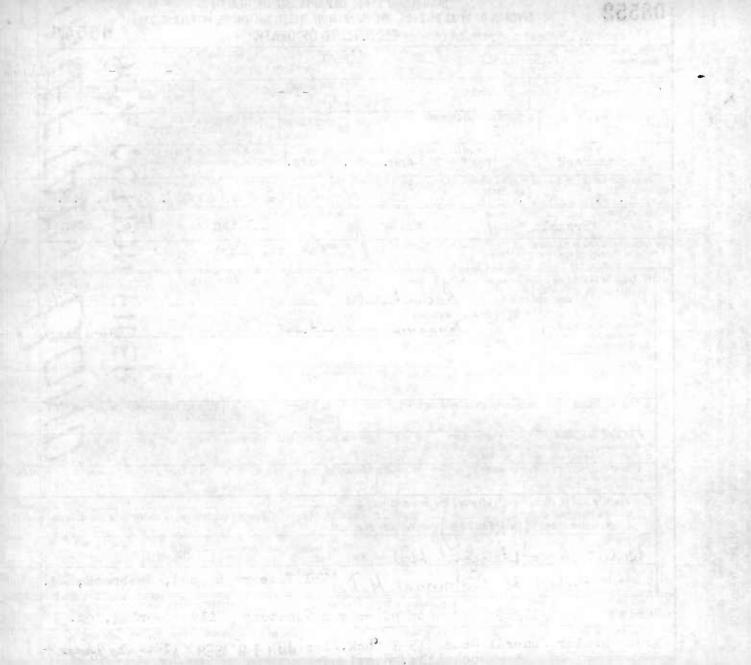
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08550 08544 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOURA requires that the death certificate by executed within 24 hours after death (Type or print) Month DUKE Lee Monroe June 9:30 M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) 8 October 1908 Male Cauc the attending physician and completely filled in by reit nermit. Then please remave carbon papers. Plans nermit within 72 hour 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH USA Missouri WIDOWED | DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR Naval Hospital, Beth Md during most of warking life, even if retired () Retired (USI) INDUSTRY Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Virginia 13b. COUNTY Vienna 500 Mashie Dr 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last George Albert Duke Jessie White 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) Reva D. Duke 500 Mashie Dr. Vienna. Va 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN DISSET AND DEATH PART I DEATH WAS CAUSED BY: Chronic renal failure secondary to glomeruloyears DUE TO, OR AS A CONSEQUENCE OF nephritis signed by the burial-transit p Canditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior tall 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K NO 🗍 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE DF DEATH (If either, notify medical examiner) HOUR A.M. Manth Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that Mathis haspital vattended the deceased from 6 May , 19 69 to 8 June, 19 69 , that (Nr (we) last saw the deceased alive an 8 June 19 69, and that in (Mr) (aur) apinian death accurred an the date and haur and from the causes stated abave, **) (we) (did) (ataka view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. 9 June 1969 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Peter T. Kirchner, M.D. Naval Hospital, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) Arlington, National Cemetery REMOVAL (Sperify) 11 June 69 Arlington Virghinia ADDRESS 24. FUNERAL DIRECTOR Money and King Funeral Home Vienna, Va.



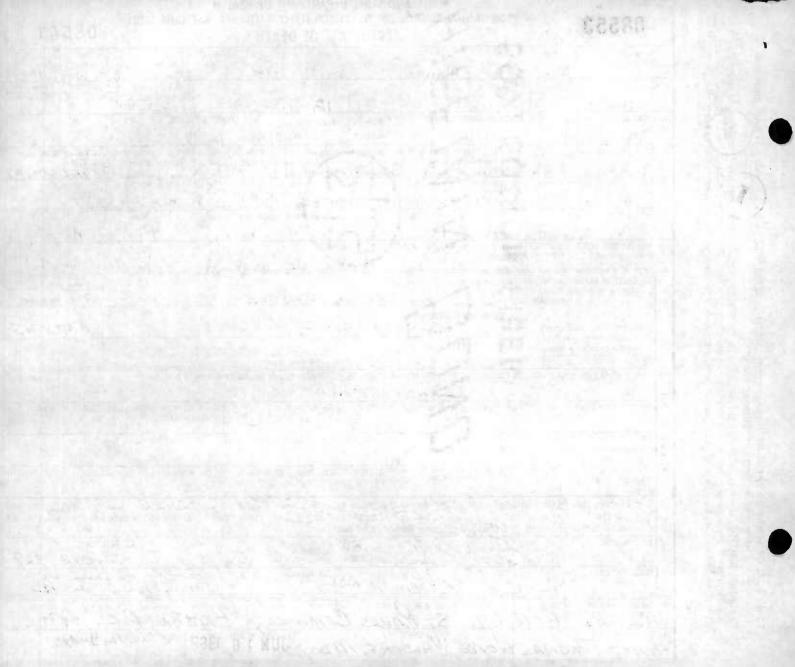
9	11	08551 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						0854	08545		
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	hours after death hours after death hours after death	3. SI		4. RACE WHITE	20013		S. DATE OF BII	RTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS GAYS	IF UNDER 24 NRS. HOURS MIN.
	he death certificate be executed within 24 attending physicion and campletely fillippermit. Then please remove corban paperian, or removal, and in any event, within 72 certified.		BIRTHPLACE (State or foreign ntry) MARYLAND	7b. CITIZEN OF WHAT	T COUNTRY?	8. MARRIED [WIDOWED [NEVER MAR	KIED	OUNTY OF DEATH	4	Md.
			ITY OR TOWN OF DEATH	11. NAM give stre M O N	NE OF HOSPITAL OR INS eet address) T GO MERY G	TITUTION (If no	ot in hospital	120. USUAL OC during most of	CUPATION (Kind of work done f working life, even if retired.) ETREADER	12b. KIND OF B INDUSTRY	
505		13a.	USUAL RESIDENCE (Where decedission) STATE	sed lived if institution	n: Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER Box 21		
		14.	FATHER'S NAME First JEFFR	Middle	Lost BUVAL	ACCRECATE TO	. MOTHER'S MA	IDEN NAME First	Middle -	Wi	LL I AMS
		16a.	WAS DECEASED EVER IN U.S. AR es, na, ar unknown) (If yes give	une or dates of condent :	66. SOCIAL SECURITY N 214-18-86		NFORMANT EDICAL	RECORD [Address DEPT •		
			18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line D BY:	for (a), (b), and (c).	····	nard	i'd in	1 wielin	APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
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-28	VR A15 (4)		runeral director rancis H. Bart	er Layton	ADDRESS nsville, 1	Md. 20	760	2So. REC'D BY REC	GISTRAR 25b. REGISTRAR" 3 1969 JClian		e.

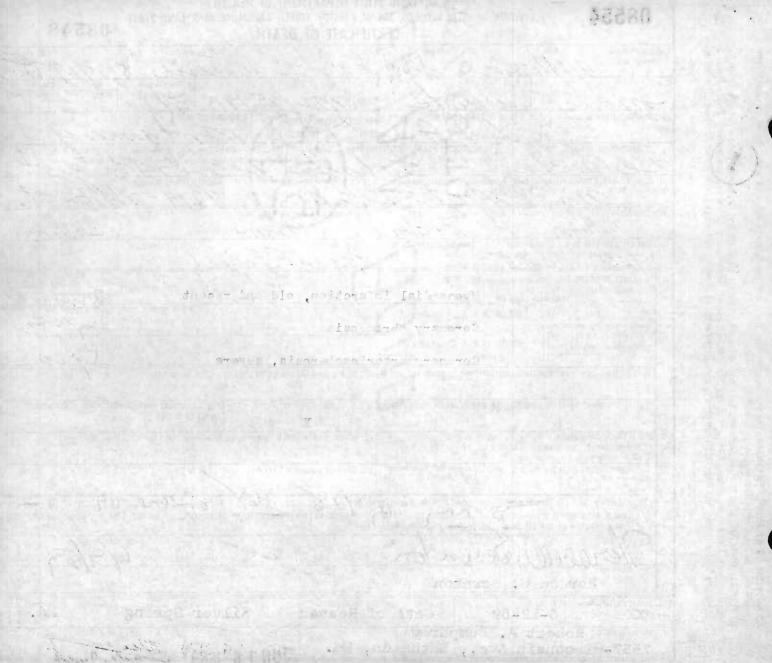


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tificate hysicia n pleas val, and	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) (If yes give war or dates of service)	SECURITY NO. 17 INFORMAND spital cha	art Address
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TO HOSPITAL Page 4 may k TO FUNERAL D director, page shauld be file	22d. PHYSICIAN'S NAME (Type) Herbert M. Solom BURIAL, CREMATION, 23b. DATE 6/17/69 G.	NAME OF CEMETERY OR CREMATORY ate of Heaven Cemetery	cph Road, Seabrookm Md. d LOCATION (City or Town) (County) (State) Silver Spring, Md.
VR A15 45M - 1	UNERAL DIRECTOR Son Wheeler Funeral Home Rockvi	ADDRESS 1331 Rock.Pike JUN 19	



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	requires that the death certificate be g physician. I signed by the ottending physician or burial-transit permit. Then please repurial, cremation, or removal, and in	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	1	Address		
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	To de sta	RTIF				YES _	NO 🖳	CAUSES OF DEATH?		
	AN:		21a. ACCIDENT WAS UNDERL	YING 21b. TIME OF HOUR A.M.	INJURY Manth Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e of injury in Part 1 ar Part	2, Item 18.)	
	Die File File File File File File File Fi	MEDICAL	(If either, notify medical exa	miner) P.M.	Marini Day rear					
	PHYSICIAL le hospital his certifice stached for Dept. of He	ME	21d. INJURY OCCURRED 2	1e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY,)	21f. LOCATION Street	ar R.F.D. No.	City ar Tawn	County State	
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	OR Opine			ive_(I)_(we) (did)	(did not) view the body	after death.				
	OR ATTEND be retoined DIRECTOR: A ge 3 should ed with the	13	22b. SIGNATURE	1.		ATTENDING	MED. DIRECTO	CTAFE -	2c. DATE SIGNED	
	OR DIRE			Rolers	of. Avelund	DEGREE PHYS.		R L PHYS. L	JUNE 13 1969.	
	TAI AI Page e fi		22d. PHYSICIAN'S NAME (Type)	1	Val.	22e. ADDRE	55 773		NEWE NO	
	TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR. After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		Water (class)	BERT L.	KRICH MA	p mo		WASALAGOVA	1 DC 20012	
	S age	23a.	BURIAL, CREMATION, 23	b. DATE	23c. NAME OF DEMET	ERY OR CREMATORY	23d.	LOSATION (City or Town)	(County) (State)	
	50 5 p 1		BURIAL E	-16-69	STPAV	LS CEMET	TER 1/	BADEN, F	.G. / ND.	
	14		FUNERAL DIRECTOR	1/	ADDRESS	00 2	JUN 1 6	STRAFE 25h PERISTRA	R'S SIGNATURE	
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MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08555 08549 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH death. 2b, HOUR requires that the death certificater be executed within 24 haurs after death 330 campletely filled in by the funeral rave carban papers. Pages 1 and y event, within 72 hours offer deat (Type or print) JUNE Month JOSEPHINE ERTTER 4. RACE 6. AGE (In years 3 SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) DAYS WHITE MONTHS TEMALE 10/22/1893 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED | MONTGOMERY 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane) 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY home please remave carban SPRING, MD. HOLY CROSS HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN
SILVER
SPRING 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY TOO MERY YES NO 1304 WOODSIDE PARKWAY and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First the attending physician and sit permit. Then please rem Charles Henry Poore Nellie Agnes Sullivan Address Silver Spring 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 1304 Woodside Parkway ar remaval, John 7 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY HEMORR HAGE CEREBRAL IMMEDIATE CAUSE (o) crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) ATHEROSC LEROSIS 4EARS burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse physician. signed 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending has been for use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO To YES 🗔 of Health certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram MAY 24, 1967, ta JUNE 5, 1969, that (1) (we) last saw the deceased alive an JUNE 57, 1969, and that in (my) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. TO FUNERAL DIRECTOR: After director, page 3 shauld be d directar, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF JUNE 5, 1969 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) GEORGIA AVE JAMES 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (State) REMOVAL(Specify) Olivet Cemeteru REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

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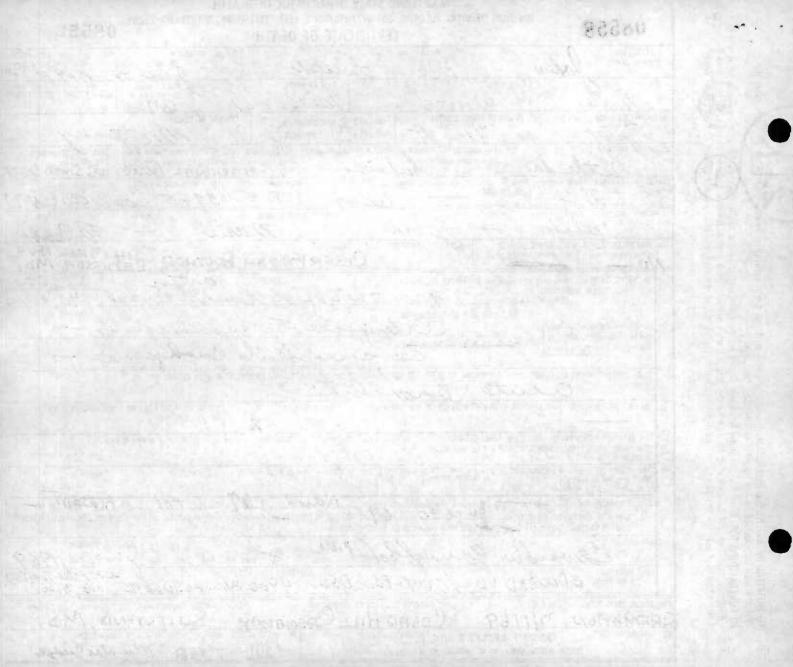
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08550 08556 CERTIFICATE OF DEATH DECEASED-NAME 2o. DATE OF DEATH (Type or print) Month / within 24 hours after IF UNDER 1 YEAR 7o. BIRTHPLACE State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in WIDOWED X DIVORCED [JO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even it retired.) remove carbon in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before executed 13e. STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost William C. Nash Place ond that the deoth certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT 904 11D11 St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Sparrowdde Boint. Yes no, or unknown) (If yes give wor or dates of service) 719-16-24641 burial, cremotion, or removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) 16) ARTERIOSCLEROSIS - GENERAL rise to immediate couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Heolth prior to 1 GASTRO INTESTINAL EMORRIANCE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work , and that in (my) (our) apinian death occurred on the date and hour ond from the couses stated obove, (1) (we) (did) (did nat) view the body after death. 22c. DATE, SIGNED STAFF PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) RONALD 10401 OLD GEORGETOWN 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Evergreen Cemetery Portsmouth, Va. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 45M - 1/69 John J. Duda, 7922 Wise Ave. Dundalk, Md. Tronces

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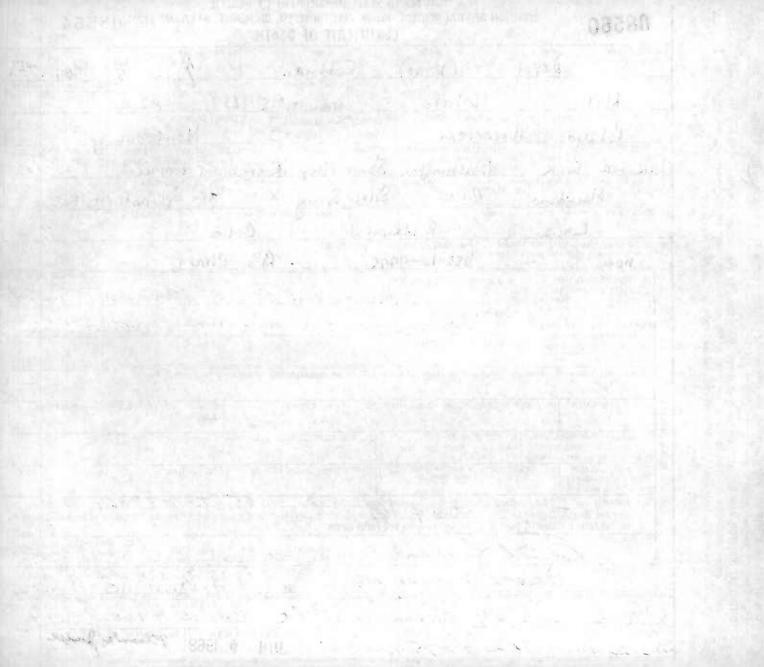
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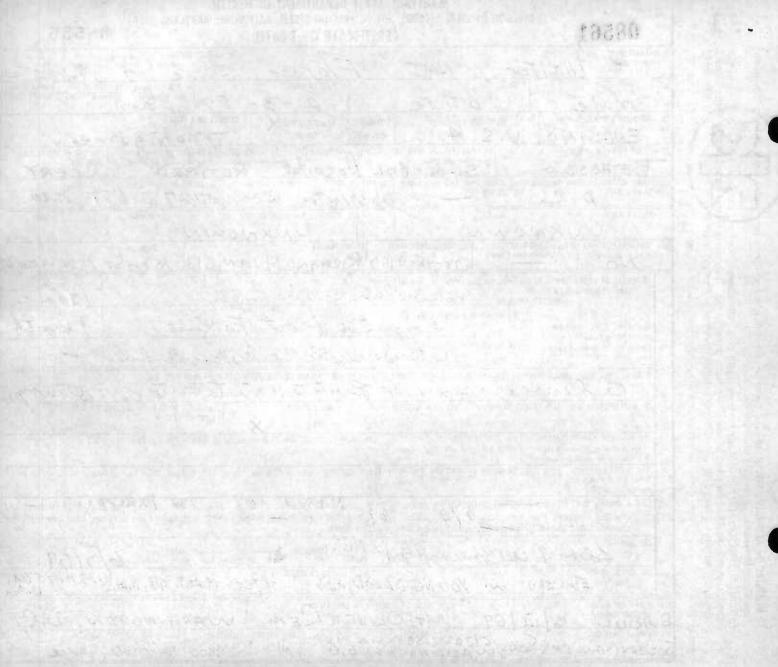
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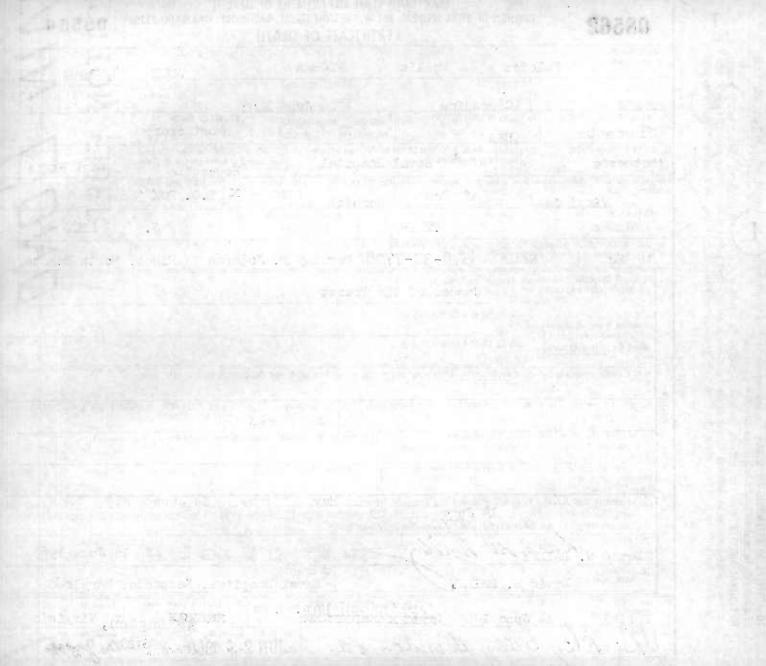
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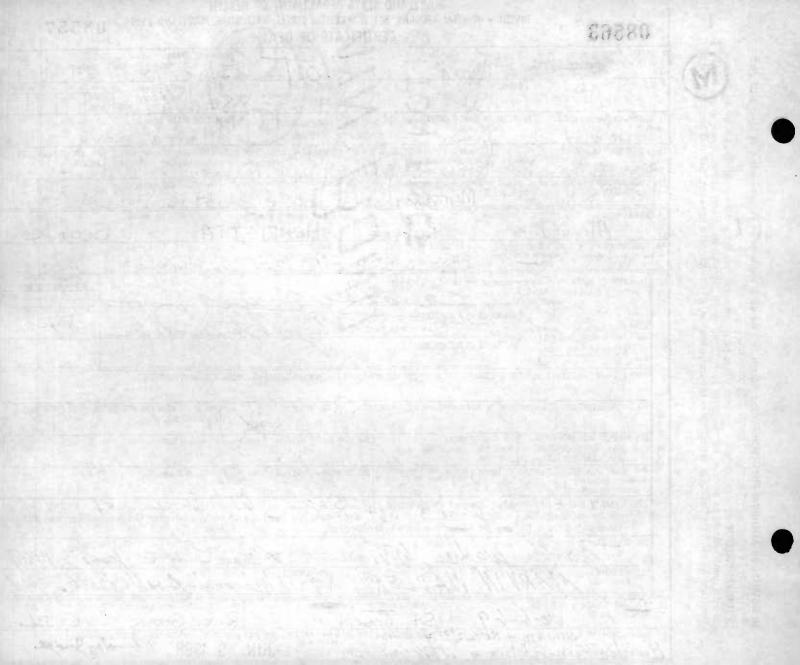
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AL Oy Fill Fill	22d. PHYSICIAN'S		22e. ADDRESS / //	3	"WASHINGTON,
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23o. BURIAL, CREMATION,	23b. DATE 23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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L OR Al be refo			22b. SIGNATURE David W.	BAIL	AM	Buty	DE	ATTENDIN PHYS.	DIRECTO	OR STAFF PHYS.	22c. DATE SIGNED 14 June	1969
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TO HO Poge TO FUI	direc	-	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA	June			SCREMATORY TO MANUE	Com 23d	LOCATION (City or Town)	ton. Virg	(Stote) ginia
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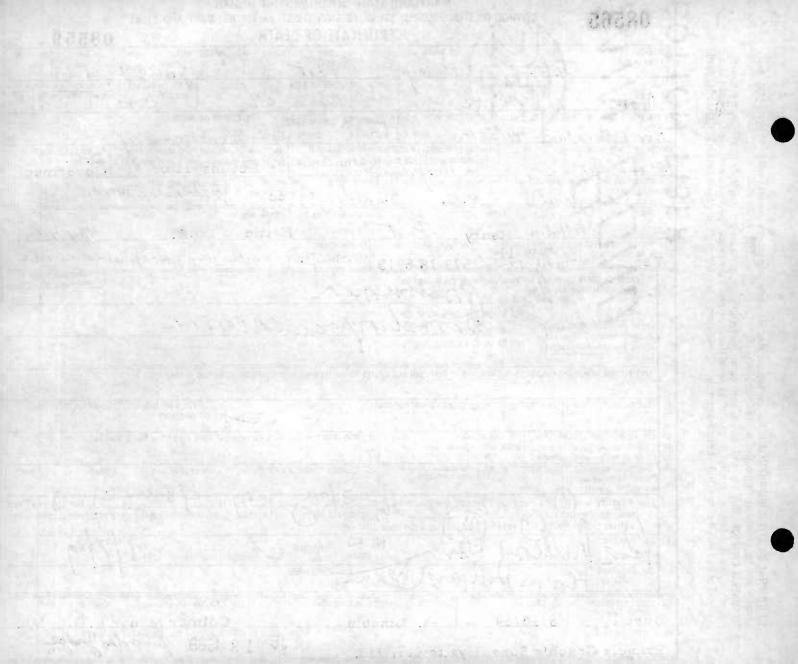
6		MAKILAND STATE DEPARTMENT OF REALTH
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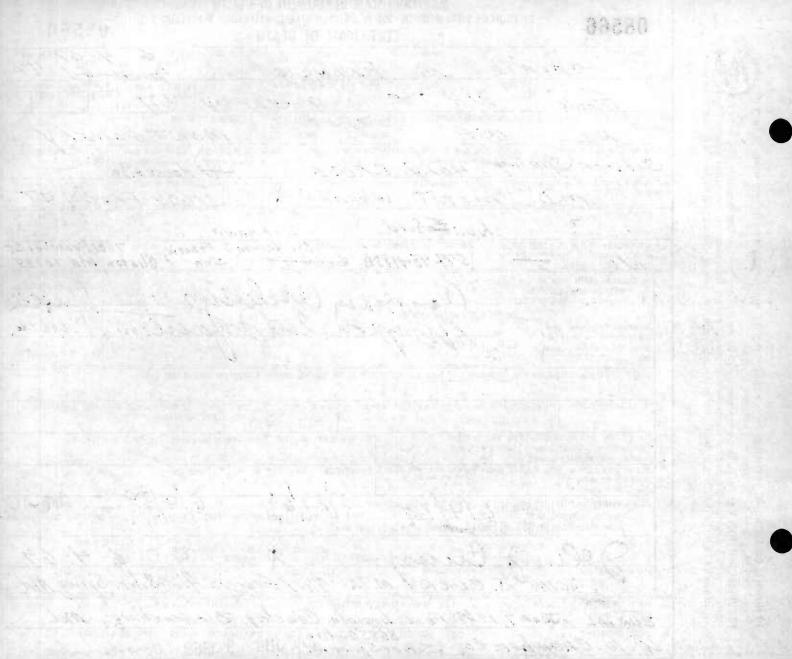


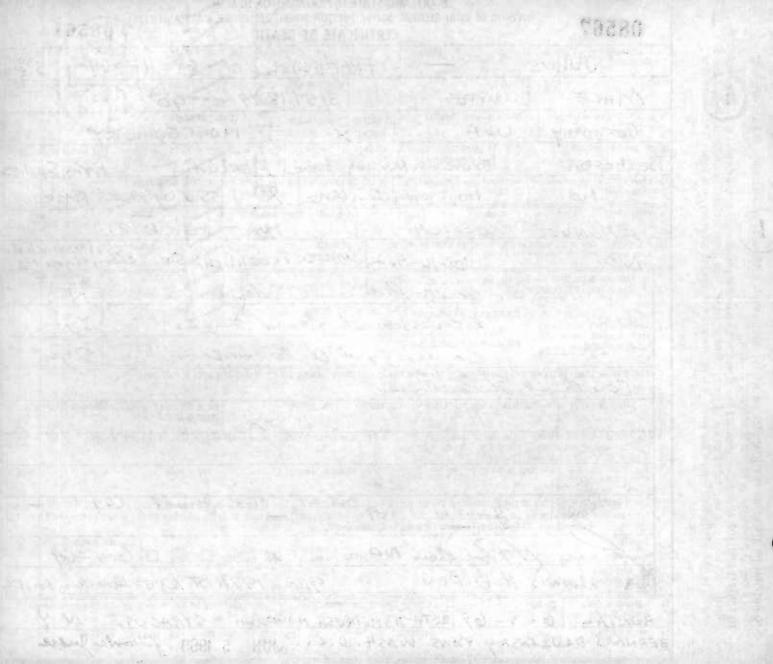
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	hys n p val,		es, na, or unknawn) (If yes	give war or dates at service)	-	MRS. THOMAS E	SMITH, GRANDAUG	HTER, DAYTON, MD
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	ndir ndir nit.		PART I. DEATH WAS CO	AUSED BY: MEDIATE CAUSE (a)	Can	diac an	out	DESTRUCTION OF SHIP DEATH
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	AL O	83	22d. PHYSICIAN'S	1 101/11	1 1 15	1 - 10 22e. ADDRESS, O	DIRECTOR - PHIS.	n li
	ERA ERA II', p		NAME (Type)	411/1	WAVE	LE11 8218	Wise, Av.	Deth, Ma,
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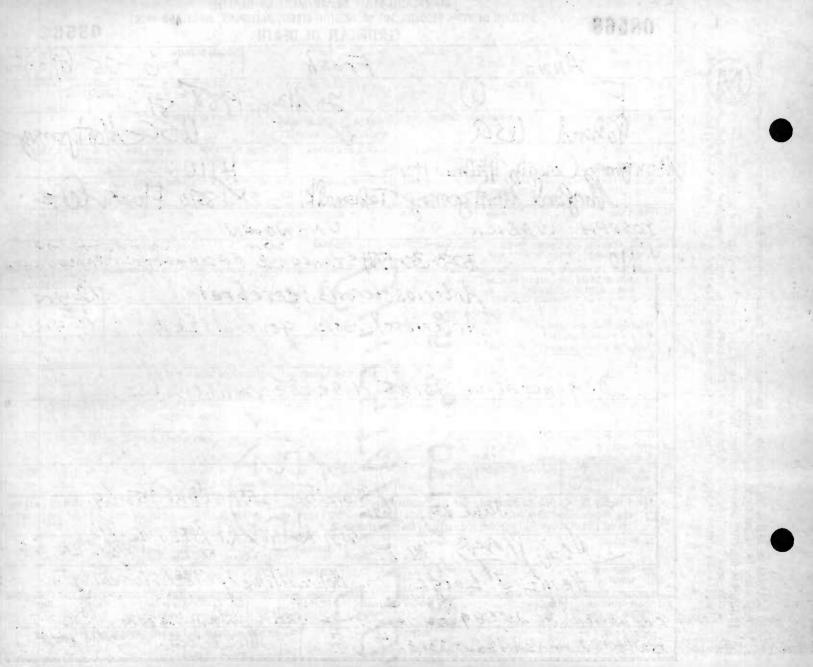
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	₹ -2.₹		ECEASED-NAME Fir		Middle	Last	2o. DATE OF DEATH	2b. HOUR
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	of die	cau	ntry) O O		ITUT	RRIED 🔀 NEVER MARRIED 🗌	9. COUNTY OF DEATH	
	24 ad ad 727		orth Carolin	a 4.5.A		OWED DIVORCED	Montgomery	Md.
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	ed cor	130.	USUAL RESIDENCE (Where decensission) STATE	ased lived, if institution:	Residence before 3c. (ITY OR TOWN 13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
	completely ove corbon y event, wi	Udii	Marylan	13b. COUNTY P	G. ha	ndover YESTE	NO 7700 Ridge D	rive.
	e executed within 24 hours after death. and completely filled in by the funeral remove corbon papers. Pages 1 and 2 n on y event, within 72 hours after death.	14.	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
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	or use	CER.	210. ACCIDENT WAS UNDERLY	ING 21b. TIME OF IN	IURY		er noture of injury in Port 1 or Port 2,	Item 181
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	PH e h is toc Dep		While Not while	OFF	ICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. N	a. City or Tawn	Caunty Stote
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	og og	Z3U.	PEMOVAL (Specify)		23c. NAME OF CEMETE		23d. LOCATION (City or Tawn)	(County) (Stote)
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F for fire	MEDICAL CERT	210. ACCIDENT WAS UNDERLYIN or contributing cause of Death (If either, notify medicol exomin	HOUR A.M. Month Doy Ye	or 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	, Item 18.)
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OR ATTEND be retained DIRECTOR: A ge 3 shauld l		causes stated abave	, (I) (we) (did) (did nat) view th	e bady after death.	ose Rd. Rockvillen	PATE SIGNED
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TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b. I	\ m / m	OF CEMETERY OR CREMATORY	236. LOCATION (City or Town)	(County) (State)
VR A15 (4)	24.	FUNERAL DIRECTOR BERNARD	25 - 69 CED ADDRE	SS WASH , 250. REC	TO BY REGISTRAR 19 235. REGISTRAR	
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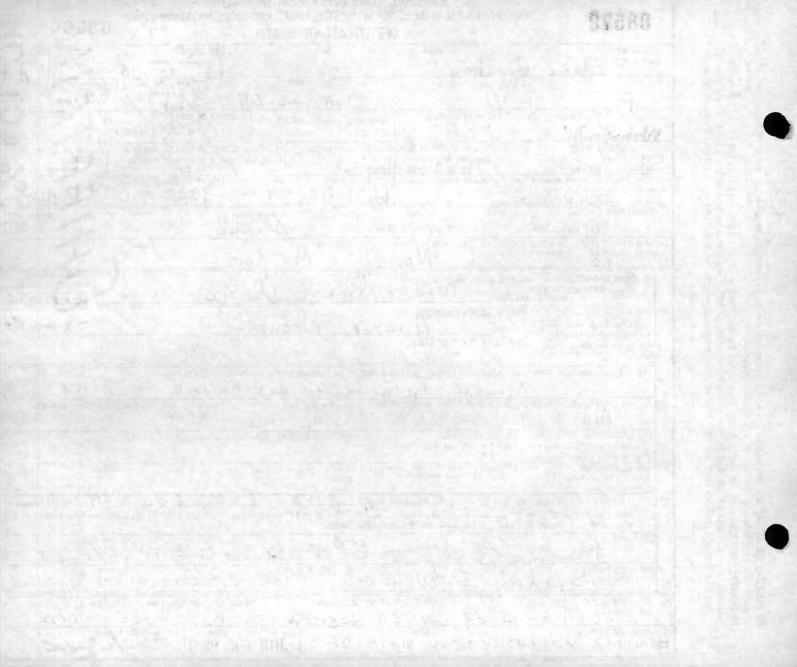
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	08569 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08563
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AL OR AT by be retain by be retain coge 3 show filed with	ATTENDING MED. STAFF
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Mal Mal	22d. PHYSICIAN'S NAME (Type) Bowditch Hunter, M.D. 22e. ADDRESS 50 W. Edmonston Street, Rockville, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to	
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VR A15 (4)	24. FUNERAL DIRECTOR (2). C.
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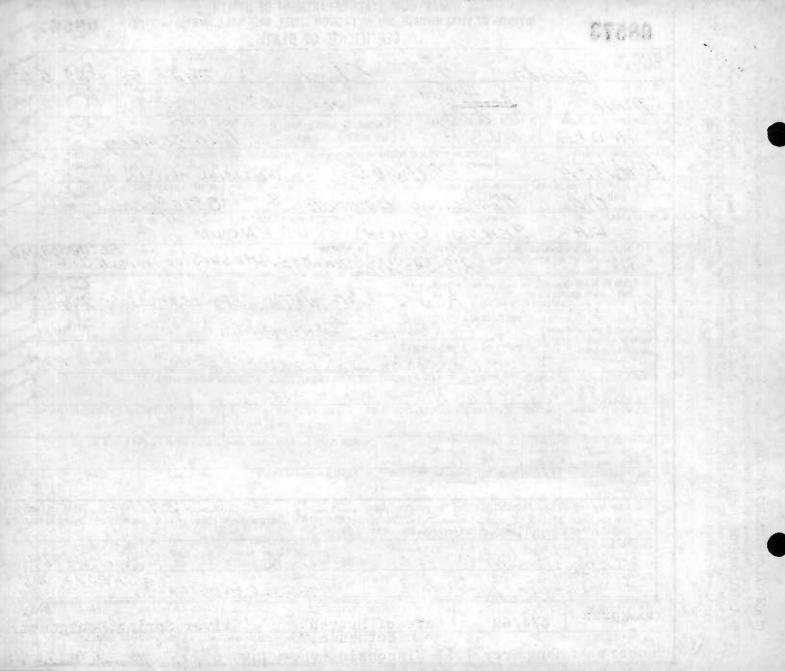
	MAKTLAND STATE DEPARTMENT OF HEALTH			
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	-	CENTITIONE OF DEATH		
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affer softer	3. 5	Male Caucasian 5. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN YRS.	
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ng p The		1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH	
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Sharing Sharin	l	290 SIGNATURE	22c. DATE SIGNED	
OR OR Sed w	1	DEGREE PHYS. ATTENDING DIRECTOR C	STAFF PHYS.	
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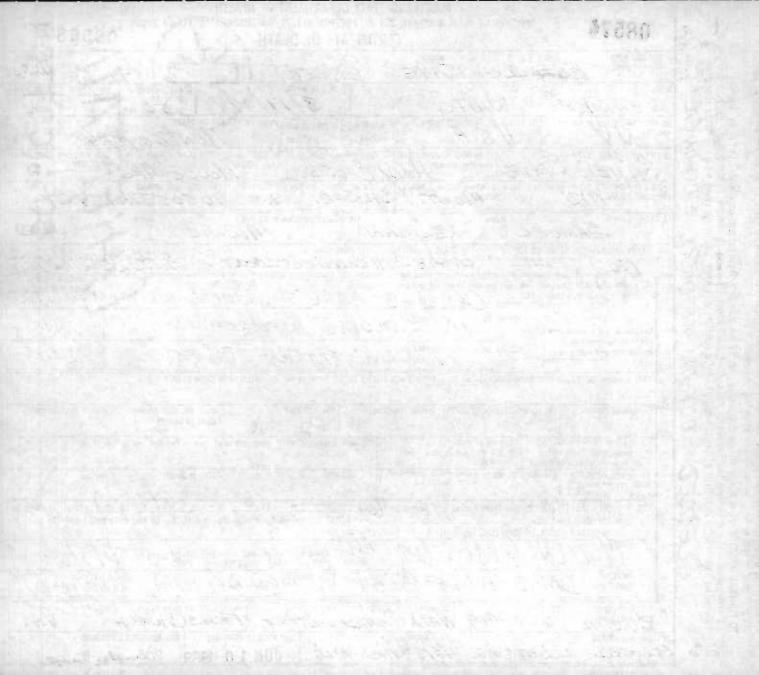
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08565 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type or Print) OF ESTI-4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH DATE PRONOUNCED DEAD the State Depart 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) alang and 2 with death, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE YES 🔀 24 hours tem after 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME haurs pages 160. WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown) (If yes give war or dates of service) File within be executed CAUSE OF DEATH (Enter only one couse per lipe to (a), (b), and PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a), plnp word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse . = writing the pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forwarded remayal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year URY OCCURRED (Enter parture shauld PRIMARY OR CONTRIBUTING EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory office building, etc.) #1f. LOCATION Street or R.F.D. No. FUNERAL DIRECTOR: Page please execute AT WORK 1700 22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection Tond in my opinion Accident D death resulted frame Undefermined manner Natural causes Suicide CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED 5 may ro FUNE Health NAME (Type) 230. BURIAL CREMATION 23b. DATE LOCATION (City or Town) (Stote) REMOVAL (Specify) Oakridge Cemetery 6-18-69 Oak Park, Illinois 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Elimiter A. PUMPHREY, Bethesda, Maryland VR A15ME (5) 10M REV. 1/68

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08574 08568 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH uts after death. that the death certificate be executed within 24 haurs after death (Type or print) Month LSTELLE HYE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS HOURS YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY × remave carban TOUSEWIFE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN and in any event 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admissian) STATE 13b. COUNTY // ONT. YES 🔀 NO 10505 INSLEY ST. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First and Middle Middle MINNIE PAMUEL KERMAN NIK as been signed by the attending physicion of as the burial-transit permit. Then always prior to burial, crematian, ar removal, and 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (If yes give war or dates of service) Yes, no, or unknown) 049+18-3548 CAROLLEGGILGERT DILVERSPRING 11 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (a) INFARCTION Canditions, if ony, which gave rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending has been use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO D detached far us be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. State Dept. (AT HOME, FARM, STREET, FACTORY.) 21e. PLACE OF INJURY 21d INTURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from pe ond that in (my) (our) opinion death occurred on the date and hour and from the sow the deceased alive ondirector, page 3 shauld should be filed with the causes stated above, (1) (sid not) view the body after deoth. 22b. SIGNATURA 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 797HDr.N.W. DATELUN 1 A 30M REV. 1/68 Meneta Ouelas

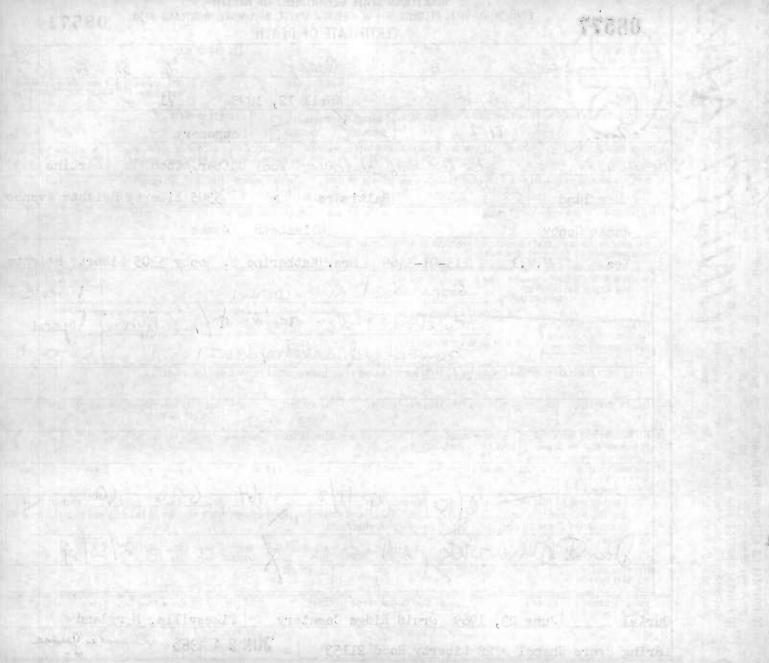


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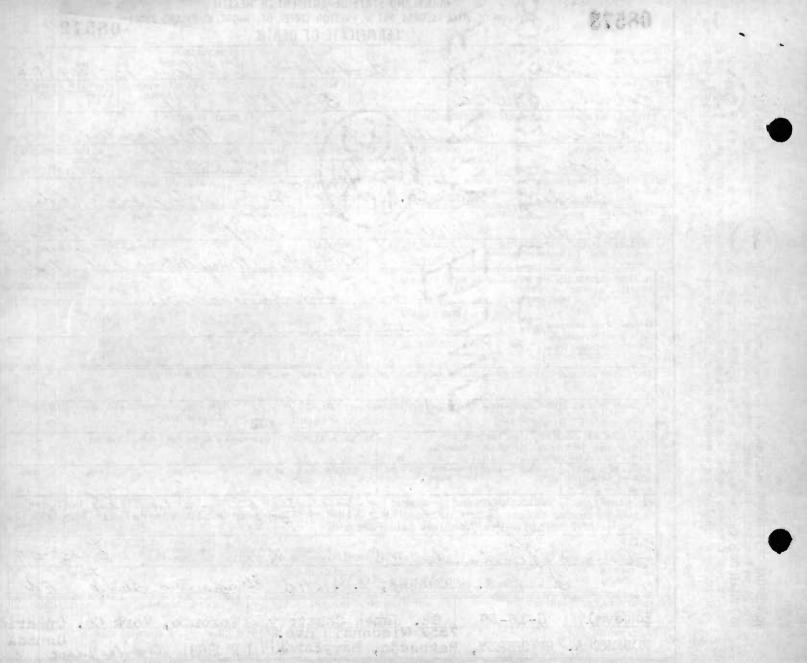
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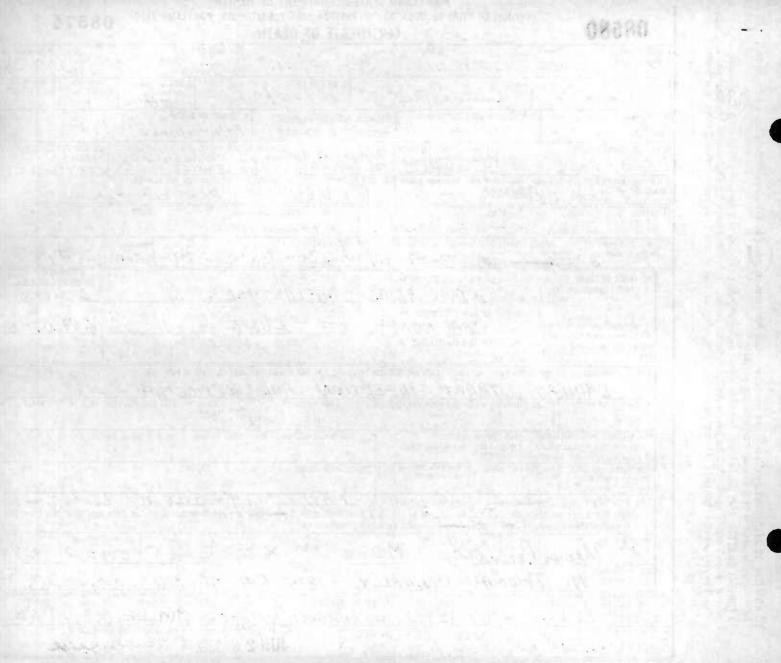
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11		MARYLAND STATE DEPARTMENT OF HEALTH	
7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	08573
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1	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Jesse Robert McMahan Dora S.	Callas
mine s mine s pages hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Md.
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ed in in t. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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rtiffi	CALC	PRIMARY TO R CONTRIBUTING A HOUR A.M.	m 18.J
INER: e cert shaul files. 3 shau	MEDICAL	CAUSE OF DEATH P.M. 19 Pendeng 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
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NIVE HER POLICE		BURIOL II June 09 POHICK CEMETERY LORTON FAIRFOX	Co. VA.
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			Aceda	DIVISION OF VITAL RI	ECORDS, 301 W.	PRESTON STREET, BALT	IMORE, MAI	RYLAND 21201	08574	
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	hin 24 filled n pope thin 7		CITY OR TOWN OF DEATH	11. NAME OF HOSP	PITAL OR INSTITUTION (IF	not in hospital 12a. USU/	AL OCCUPATION	(Kind of wark done	12b. KIND OF BU	JSINESS OR
	± ≥ 0 × 70	10	hevy Chase	give street address	Jasilber 3	not in hospital 12a. USUI	ast at warking	lite, even if retired.)	INDUSTRY H	10 E
	d d	13a	USUAL RESIDENCE (Where deceas	ed lived, if institution: Resider	ice before 13c. CITY O	R TOWN 13d. INSIDE CITY LI	IMITS? 13e. ST	REET AND NUMBER	1011 716	27-12
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	he deoth certific		000	2)8-	-07-8371 V	WILLIAM D.C	DRIFFI	TH - SAM	E MS #	13
	n Page		1B. CAUSE OF DEATH (Enter an	ly one course per line for (a) (APPROXIMA	TE INTERVAL
	를 를 들					NATTOC - S	117		BETWEEN ONS	
/	ottendi permit.		IMMEDIA	ATE CAUSE (a) INTRAC	MANIAL	METASTA	SES		6 WL	EKS
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8	din	NO	URINAR	IMITET	INFECT			CEMIA		
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	CIA Ferring CIA	S	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Month D	ay Year					
	Sp osp cert hed hed t. o	MEDICAL			M STREET FACTORY 1 214 I	OCATION Street or R.F.D. No.	Fib	T	Court	St-A-
	he h		While Not while	PLACE OF INJURY (AT HOME, FARI	NG, ETC.	OCATION STREET OF K.F.D. NO.	City	ar Town	County	State
	ATTENDING PHYSICIAN: stained by the hospital ar CTOR: After this certificate should be detached for uith the State Dept. of Healtith									-7/4
	be be Sto		22a. I certify that (I) (thi	s hospital) attended the	deceased from_	MAY 1, 19	5.4, to J	UNE 21, 19	69 , that (1). (1940) last
	A Ped		22a. I certify that (I) (this saw the deceased al	ive an June	O 19 67, or	nd that in (my) (our) opi	nian death c	ccurred on the do	te ond hour or	nd from the
	ni och		causes stoted above	e, (I) (we) (did) (did not) v	new the bady offer	death.				
	OR ATTENI be retained JIRECTOR: A e 3 should ed with the		22b_SIGNATURE	0 11	44.0	ATTENDING - M	ED.		DATE SIGNED	
	be ed		1, x rama	Coundles	M.D. DEG	REE PHYS. M	RECTOR -	STAFF DHYS.	UNE 21,	1969
	AL COOR		22d. PHYSICIAN'S	// 0		22e, ADDRESS	-114010			
	ER B		NAME (Type) N	HOMASU CO	ONNALLY	1835 EY	T ST.	NW. W	VASH. I	0.0
	TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 moy be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detached for us, should be filed with the Stote Dept. of Healt	23n	BURIAL, CREMATION, 23b. D		NAME OF CEMETERY OF			N (City ar Tawn)		(State)
	Pog Pog dire sho	200	REMOVAL (Specify)	1211/10 2	PIPHANY		FORE		(County)	No.
	5-5 UV.	24	FUNERAL DIRECTOR	107/01/2					0. 5.	14.
	VR A15 AN	-		5130 WISC		2So. REC'D B'		25b. REGISTRAR'S	B. C. I.	
	45M - 1881	00	SAPI CAWLER'S	ENS, WASHIN	16:10/U. D.	C MUN 2	6 1969	1 Luciase	es Judge	



08581	DIVISION OF VITAL RECORDS	ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		08575
(Type or print) Le		Griffith	20. DATE OF DEATH Month 29 ^{pay}	1969 1:35a
3. SEX Male	4. RACE White	S. DATE OF BIRTH 6-28-69	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MUN
7o. BIRTHPLACE (Stote or foreign country) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgemery	M
10. CITY OR TOWN OF DEATH Takoma Park	give street address) Washington	San & Hospital during m	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deadmission) STATE Md.	eased lived, if institution: Residence befare		13e. STREET AND NUMBER 22 Cindy Land	e
14. FATHER'S NAME First Emory	Middle Last Lee Griffi	15. MOTHER'S MAIDEN NAME	rirst Middle Lizabeth Mentor	lost y Moreland
16a. WAS DECEASED EVER IN U.S.			Address	, 220101011
Conditions, if any, which go nise to immediate cause (a stating the underlying caulost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF	turity + atelectasi		BETWEEN ONSET AND DEATH
RTIFIC	9b. CONDITION FOR WHICH OPERATION WAS P	YES NO 🔀		
G Greentributing Cause of Cife either, notify medical exc	MOUR A.M. Month Day Yeor	9	r nature af injury in Part 1 or Part 2, I	tem 18.)
While Nat while at wark 22a. I certify that (I) saw the deceased	this hospital) attended the decease alive an every (i) (we) (did) (did not) view the	D DEGREE ATTENDING D A	39, to <u>7 - 29</u> , 19 nian death accurred on the dat	County State (1) (we) laste ond haur and fram the
23a. BURIAL, CREMATION, 23	b. DATE 23c. NAME OF	cemetery or crematory incoln Cemetery	23d. LOCATION (City or Town) Colman Manor V DECISIDAD 256 DECISIDAD:	P. G. Mae
	ons Hyattsville,		Y REGISTRAR 25b. REGISTRAR'S	Les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH 08576 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR the funeral ages I and 2 safter death. within 24 haurs after death (Type or print) Month SHILLER CENE 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR lost birthday) DAYS MONTHS HOURS 7o. BIRTHPLACE (State of foreign **ITIZEN OF WHAT COUNTRY?** 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [WONT. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) CEDAR HAVENduring most of warking life, even if retired.) **INDUSTRY** 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 73 0 0 be executed TAK. PK MCA YES X NO 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle the death certificate 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 7310 FLOWER TAKOMA AVE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: myocAR IMMEDIATE CAUSE (a) crematian, ar DUE TO, OR AS A CONSEQUENCE OF PROERIOSCLERUTIC CARDIDIASCULAR Canditians, if any, which gave) burial-transit rise to immediate cause (o), requires that DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO P YES 🗌 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work be retained 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 733 MASKA MENUE NOW 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ASMORDU DC 20012 director, shauld b 23d OCATION (City or Town) (County) 230 BURIAL CREMATION. REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE RUNERAL DIRECTOR Williams 1969 30M REV. 1/8

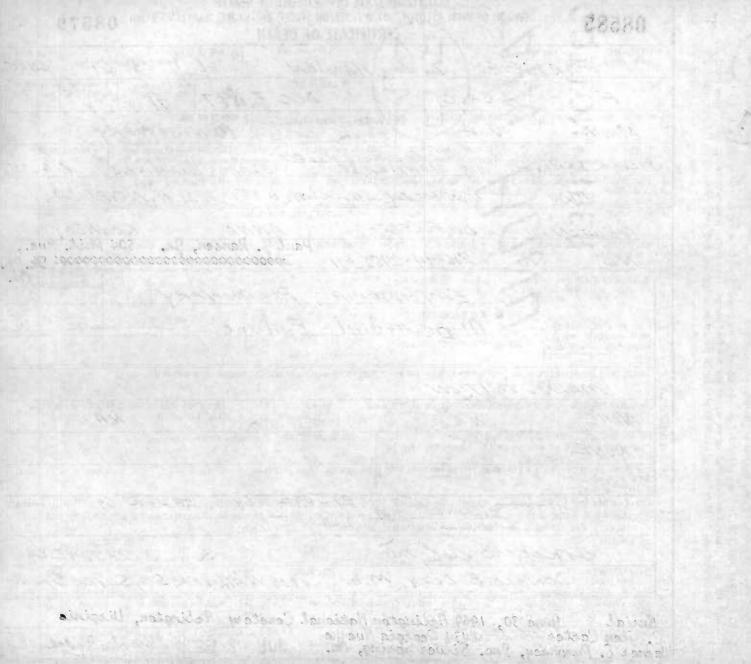
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MARYLAND STATE DEPARTMENT OF HEALTH

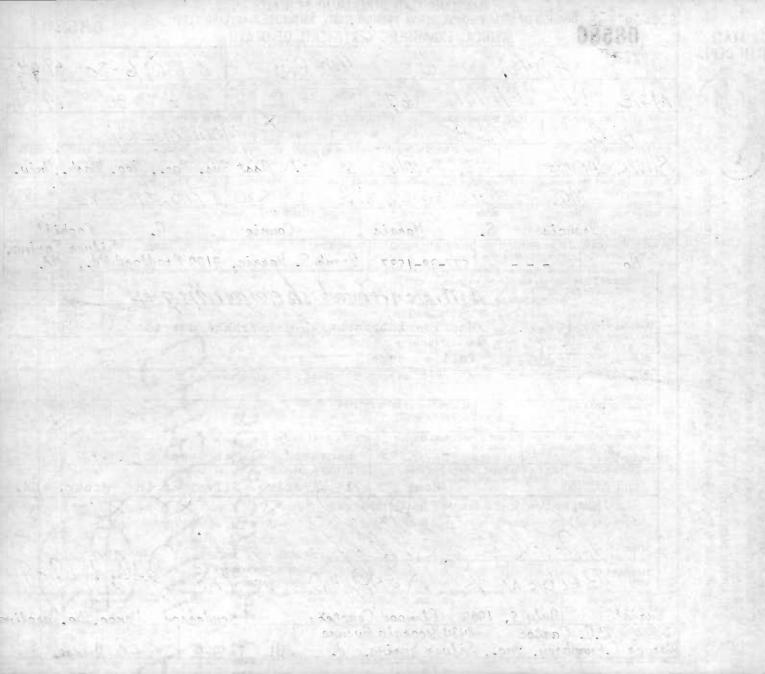
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1	er er		3. SI		4. RACE			DATE OF BIRTH	16.	AGF (In years	IF UNDER 1 YEAR	IE UNDER 24 HRS.
	the ages			F	CA	UC.		DEC 3	,1897	AGE (In years last birthday) YRS.	MONTHS DAYS	HOURS MIN
	Par Par		7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT		8. MARRIED WIDOWED	NEVER MARRIED	9. COUNTY OF DE	Gomes	PU	
	in 2 Filles Pape hin 7		10. (ITY OR TOWN OF DEATH			STITUTION (If not	DIVORCED 120. USI	UAL OCCUPATION (K	nd of work done	12b. KIND OF	BUSINESS OR
	ed within eletely fill carban pent, within	70	c	ITY OR TOWN OF DEATH SILVER SPRIM USUAL RESIDENCE (Where deceos	14 give stre	et oddress)	PRINCE VERST	HALL ECTOURING	most of working life	, even if retired.)	INDUSTRY	.4.
	unted ample ve cal	15	13o. odm	USUAL RESIDENCE (Where deceos ission) STATE	ad lived, if institution:	Residence before	13c. CITY OR TO	OWN 13d. INSIDE CITY ERSON YES IN		AND NUMBER		2,
	that the death certificate be exergent. by the attending physician and contransit permit. Then please rema crematian, ar remaval, and in any	/	14.	ATHER'S NAME First	Middle	Lost	1S. I	NOTHER'S MAIDEN NAME		Middle		Lost
	e be			NEWTON		E FORE			NA		ENNED	
	physician of the please of the		160. Y	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (If yes give w		36-44-2	NO. 17. INF	ORMANT Paul J.	Hansen, Stacocca	Address O	4 Phil.	Hue.,
	g ph Then			18. CAUSE OF DEATH (Enter on				/ //				MATE INTERVALA
	attending permit. The			PART I DEATH WAS CAUSED				4 PUL	MONAX	ev	BETWEEN C	INSET AND DEATH
	atte an, an		199	492 X		A CONSEQUENCE OF	1					
	the the sit p			Conditions, if ony, which gove rise to immediate couse (o),	(b)_//	40Ga	rdial	Faile	ire			
	equires that the physician. signed by the burial-transit purial, cremati	77		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF						
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2	required by the photon reputation is a significant to but the purpose of the purp		N	PART 2. OTHER SIGNIFICANT CON	UTRITI		OI KELAIED 10 1	HE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(o)		
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	r aff e ha use use	<	ERTIFI	NONE	N.			YES NO 2	_		KA.	
			MEDICAL CI	210. ACCIDENT WAS UNDERLYING OR COMPANYING CAUSE OF DEATH (If either, hofify medical examin		IJURY Month Doy Yeor		INJURY OCCURRED (Ent	er noture of injury in	Port 1 or Port 2,	Item 18.)	
	G PHYSICIAN: The law rothe hospital or attending this certificate has been detached for use as the e Dept. at Health prior to			21d. INJURY OCCURRED 21e: While Not while of work	PLACE OF INJURY (AT			TION Street or R.F.D. N	o. City or	Town	County	Stote
	(D = D 0			22a. I certify that (I) (thi	s-hospital) attend	led the decease	ed from 2	JUNE 19	64. to 2	3 JUNE 19	69 that	(1) (we) los
				22a. I certify that (I) (this saw the deceased all causes stated abave	ive an 21 J	d not) view the	9 <i>6</i> 2, and t	hat in (my) (our) op	oinion death acci	urred on the do	te and hour	and fram th
	ATI retai ECTO sho with			22h SIGNATURE					MLD C.	22c. 1	DATE SIGNED	
	be be 3 ge 3				eld B.c			ATTENDING PHYS.	MED. DIRECTOR P	HYS. \Box 2.	3 JUNE	
	TO HOSPITAL OR ATTENDING Page 4 may be retained by TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat	1	Ų,	22d. PHYSICIAN'S NAME (Type) DOI	VALD B.	DOTY,	M.D.	22e. ADDRESS / 909 /3	HANDVER	e ST., S.	LYER	SPRING-
	FUN FUN FUN		230.	BURIAL, CREMATION, 23b. DEMOVAL (Specify)			CEMETERY OR CR	EMATORY	23d. LOCATION (City or Town)	(County)	(Stote)
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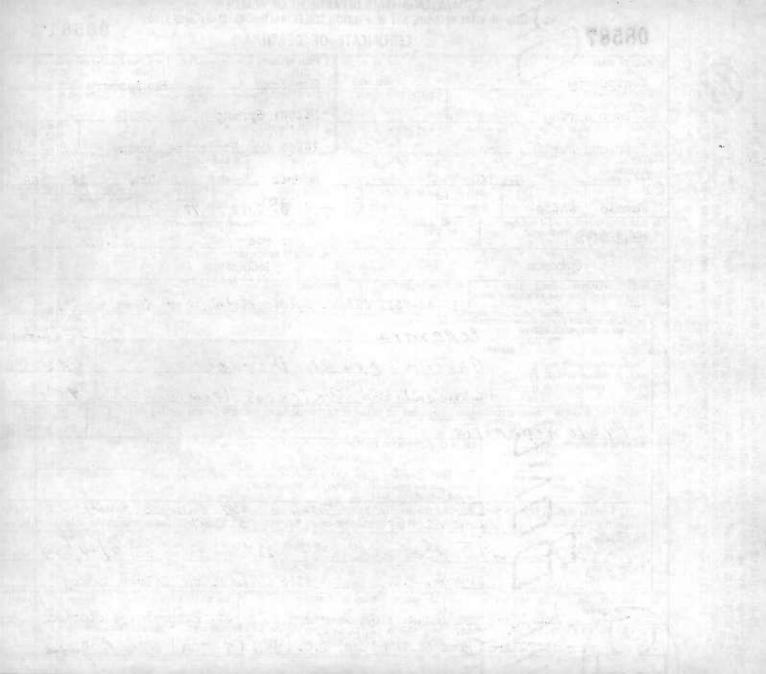
X I	18-222 Film 415 MARYLAND STATE DEPARTMENT OF HEALTH 8-7-69 AMS DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00500
FOR STATE	08586 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08580
HEALTH DEPT.		30 1969 945 N
2, and 3 ta PM3. Page	3. SEX A. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 24 NRS. 2c. DATE PRONOUNCED DEAD Months Days NOURS MIN. Month 6 Day 30	Year 1969 GAM
- E 0	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NONTGOMERY	Mi
with with 18 18 18 18 18 18 18 18 18 18 18 18 18		Rb. KIND OF BUSINESS OR DUSTRY Wash. Univ.
s after 18. Give e alan death.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE M.C. 13b. COUNTY MONTGOMERY S.S. YES NO 715 AVST	IVE # 1508
24 haurs in Item 18 r's Office ss 1 and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Prancis S. Harris Connie C.	Coghill
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SACRET OF SERVICE) (17. INFORMANT OF SECURITY NO. 17. INFORMANT OF SECURITY NO. 17. INFORMANT OF SECURITY NO. 18. INFORMANT	lver Spring,
is certificate shauld be executed within 24 fe, writing the word "pending" in pencil in farwarded ta the Chief Medical Examiner's e used as a burial-transit permit. File pages remaval, and in any event within 72 haurs	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATN
C F (1)	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	20. AUTOPSY? YES NO
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	walle Not walls foctory, office building etc.)	lontg. Md.
DEPUTY SICAL EXCESSORY, please executive function for page 1. The following page 1. The	220. I certify that I took charge of the remains described above, held an Autopsy I, Inspection II, Inquiry I, death resulted from: Notural causes II, Accident III, Suicide III, Homicide III, Undetermined manner IIII, ACTUAL SIGNATURE IS ACTUAL SIGNATURE INAME (Type) III III III III III III III III III I	and in my opinion GNED 1,1969
00 = = 20 H	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (CITY of Town)	County) (State)
	Subject District 8434 Georges Avenue 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A15ME (5) 10M REV. 1/68	Warner E. Pumphrey, Inc., Silver Spring, Md. 14 7 1969 Minutes	Quedal :



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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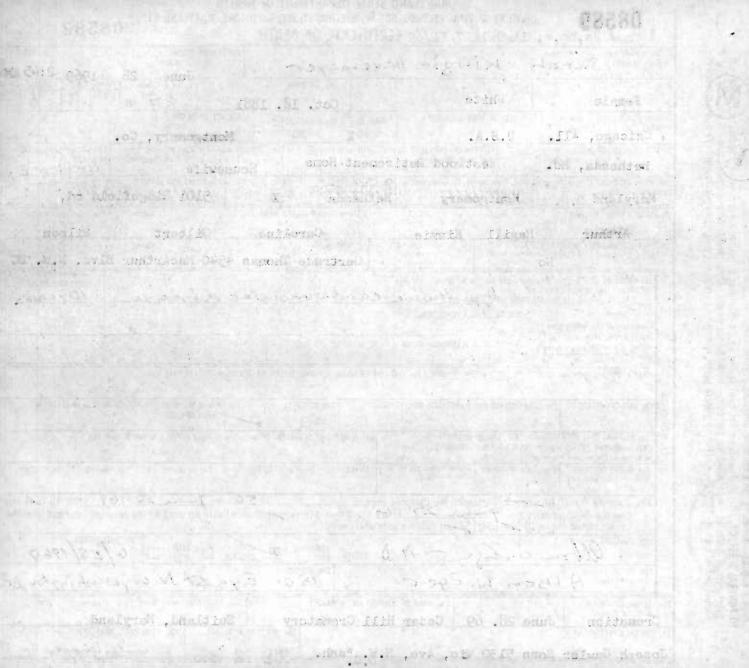
. ~		08587 CERTIFICAT	E OF DEATH	8581
by the Tone of Page 1 to 1 t		PLACE OF DEATH a. COUNTY Montgomery b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Silver Spring	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen a. STATE b. COUNTY Maryland Montgomes c. CITY OR TOWN (If autside carporate limits, write RURAL and give Silver Spring	
within 24 housely filled in book papers.	3.	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Fairland Nursing Home NAME OF First Middle	d. STREET ADDRESS 10908 New Hampshire Avenue Last 4. DATE Manth	e. IS RESIDENCE ON A FARM? YES NO
that the death certificate be executed within 24 hours after an. by the attending physician and completely filled in by the transit permit. Then please remove carbon papers. Pager I cremation, or removal, and in any event, within 72 hours after	S.	Compared to the content of the con	Harris DEATH June 8. DATE OF BIRTH 9. AGE (In years last birthday) 77 yrs. 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CC Austria U.S.	14 19 69 I YEAR IF UNDER 24 HR. Days Hours Min. TIZEN OF WHAT UNTRY?
thot the deoth certifico an. by the attending physic transit permit. Then ple cremation, or removal, c	10	s. no_or unknown) ((If yes give war or dates af service))	INFORMANT Address PS. Sylvia Kleinberger (Same of	
the law requires that the attending physician. has been signed by the at a sthe buriol-transit pe h prior to buriol, cremation.		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost. (c) Conexalized	al Disease arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH YRS.
IAN: The tal or after ficate hos for use a fixed the property of the or the talk property of talk property of the talk property of talk property o	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PYCLO THE CONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1. (Enter nature of injury in Part 1 or Port II af item 18.)	19. WAS AUTOPSY PERFORMED? YES NO
by the hy fiter this be detoc	MEDICAL		ctary, street, affice bldg., etc.)	unty) (Stote) EG, that (I) (we) I he date stated aba
OR be r		22a. SIGNATURE		14/69
TO HOSPITAL TO HOSPITAL Poge 4 moy by the state of the	24	BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BUrial June 16-69 Royal Palm C. FUNERAL DIRECTOR Donald M. Stein ADDRESS 232 Brown Memorial Funeral Home St. NWN Wash	emetery St. Petersberg, F Carroll 25a. RECD BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08582 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-0501 loy is 3 to Page the State Department of DEATH MATED 6. AGE (In years 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD HOUR Źd. last birthday) 25-47 1969 27 YRS 7o. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED | MONT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane give street address) & c. R. during most of working life, even if retired.) INDUSTRY Bethesda Sign 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. after deoth odmission) STATE 13b. COUNTY <u>∞</u> 1/5 Churchyes 1 NO lond 2 pencil in Item 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Middle Off Chief Medical Examiner's haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within (Yes, no, or unknown) oseph Haskins SR. Same as File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: 50010 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF a burial-tronsit Conditions, if any, which gave rise ta immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse _= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) removal, nsed CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [NO M pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 3 should PRIMARY TO OR CONTRIBUTING HOUR A.M EXAMINER: crematian, in. River + Sznk 1967 CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc. River FUNERAL DIRECTOR: Page Spider WHILE AT WORK AT WORK Bathesda. Montgomer stomes buriol, 220. I certify that I took charge of the remains described above, held on Autopsy [Inspection X Inquiry X ond in my opinion Accident A may be retoined deoth resulted from: Notural couses Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, tawn, or caunty) NAME (Type) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR ATSME (5) TOM REV. 1/68

THE PROPERTY OF STREET PARTY BASES AND SECTION 22.220 NACO CALL DENNE STORY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08583 ItemS#13a,bc,e,FilmGlil 7/11/69 CERTIFICATE OF DEATH I. DECEASED-NAME 2g. DATE OF DEATH 2b, HOUR Kingie Havemeyer (Type or print) Sarah Manth Day Year after 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER 24 HRS 6. AGE (in years last birthday) MONTHS White Female Oct. 18. 1881 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Chicago, Ill. WIDOWED T DIVORCED [U.S.A. Montgomery, Co. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane The state of the s 12b. KIND OF BUSINESS OR Westwood Retirement Home during most of working life, even if retired.)
Housewife Bethesda, Md. ATHOM and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 134 INSIDE CITY LIMITS? 13e. STREET AND NUMBER) remove car complei requires that the death certificate be executed 13h COUNTY omery Mary land D.C Bethesda YES X NO 5101/Ridge 11,61d/ 14. FATHER'S NAME Middle last 15. MOTHER'S MAIDEN NAME First Middle and Arthur Caroline Wilson Magill Kinzie Gilbert 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) burial, crematian, ar removal, Gertrude Thomas 4540 MacArthur Blvd. N.W. DC APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Type tenorive permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? of Health p YES 🗌 NO A TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark shauld causes stated abave, (1) Lwe) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNED **ATTENDING** directar, page 3 shauld be filed v DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (Caunty) Cremation Cedar Hill Crematory June 28. Suitland, Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 Joseph Gawler Sons 5130 Wis, Ave. N.W.



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death. and 2 death.	1. DECEASED-NAME (Type or print) E]	First Middl	e lost rius Hawkins	20. DATE OF DEATH Month June 5	2b. HOUR 1969 7:45P ^M
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24 hauri d in by pers P	7o. BIRTHPLACE (Stote or foreign country) Maryland	U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md
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ertificate be executed within 24 physician and campletely filled hen please temave carban pape naval, and in any event, within 7	130. USUAL RESIDENCE (Where of odmission) STATE Mary	leceosed lived, if institution: Residence	before 13c. CITY OR TOWN 13d. INSIDE COMPANY Woodfield	ITY LIMITS? 13e. STREET AND NUMBER	aithersburg
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D HOSPITAL OR ATTENI Page 4 may be retained or FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22b. SIGNATURE	Juman	ATTENDING PHYS. 22e. ADDRESS	220	S-6-69
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 shauld be filed w	230. BURIAL, (REMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	June 8, 1969 U	AME OF CEMETERY OR CREMATORY pper Seneca Baptist	23d. LOCATION (City or Town)	(County) (State)
VR A15	Olin L.	Molesworth, Dam	200010 363		de Judge :

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lav rendi s be as t as t	1	CERTIFICATION	19a. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION W		CALL	IF YES, WERE FINDINGS CO	
The raff	/	RTIF		NA T	YES 💽	NO []	7	25
AN: al o icate far Hea			21o. ACCIDENT WAS UNDERLYI	ATH HOUR A.M. Month Day		CCURRED (Enter nature of in	jury in Port I or Part 2, It	tem 18.)
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ATTENDING PHYSICIAN: The law requires that the death certificate stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then pheasing the State Dept. af Health priar ta burial, crematian, or remaval, and			While Not while	PLACE OF INJURY (AT HOME, FARM, STR OFFICE BUILDING, ET	C. 213. LOCATION SITE	el of K.r.D. No.	IY OI TOWN	County Stole
× + + + + + + + + + + + + + + + + + + +			22a certify that (1) (th	nis haspital) attended the de-	ceased from SEPT.	25 1953 ta	6/18 19	69 that M (we) last
NDIII			saw the deceased o	his haspital) attended the detailive an ele, (I) we did (did nat) view	19 <i>69_</i> , and that in (n	ny) (aur) apinian deat	accurred an the dat	te and have and fram the
TTE aine aine aine aine aine aine aine aine			causes stated abov	e, (I) (we) (did) (did nat) view	the bady after death.		T 00 - F	DATE SIGNED
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PITA mg ERAI			MARKETT A	MES A. ROBER	TS MID. 898	7 GEORGIA A	VE, SILVER.	FRING, MD.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death		23a.		DATE 23c. NAM	E OF CEMETERY OR CREMATORY	23d. LOCA	TION (City or Town)	(County) (State)
5 5 P P P			REMOVAL (Specify) 6-				CKVILLE	mp,
	OL	24.		CHAMBERS COADI		2Sa. REC'D BY REGISTRAR	11.00 H	SIGNATURE
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	by the After the be de State I		22o. I certify that (I) (1		l) attended the dece	eased fram_	Jen	_, 19/936	s to	ne 14	, 196	2, that	(I) (we) last
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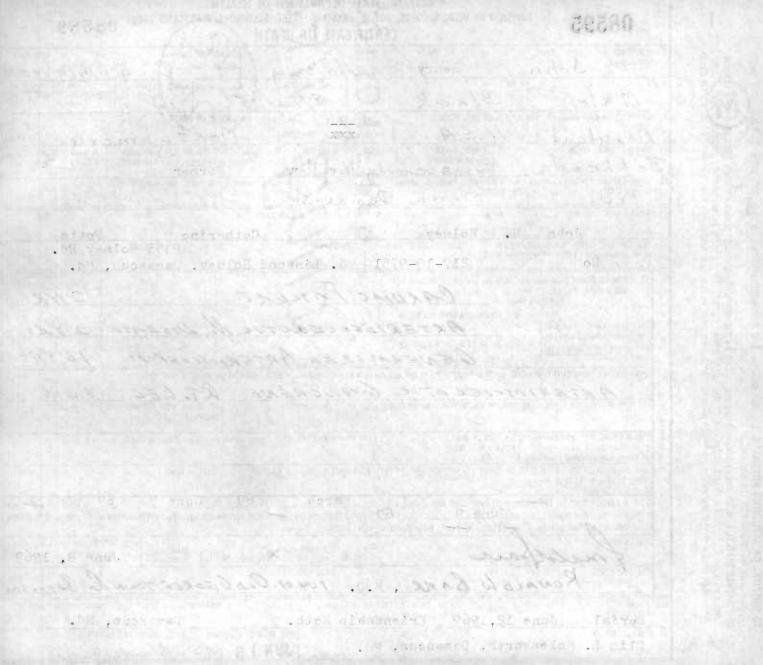
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ID. CITY OR TOWN OF DEATH Takoma Park 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Wash. San. Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before oddress) Wash. San. Hosp. 131. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if refired.) 132. LIVER SIDENCE (Where deceased lived, if institution: Residence before oddress) Wash. San. Hosp. 133. COUNTY Montgomery Silver Sp. 144. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost 155. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 176. Was deceased five only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave is to immediate couse (a), storing the underlying cause (b). Storing the underlying cause (c) 177. INFORMANT ADDRESS OR CONDITION GIVEN IN PART 1 (b) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) 1790. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2DD. AUTOPSY? YELD NO [The Significant Conditions of Contribution of Contribution of Cause	S OR
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[If either, notify medical examiner) P.M. 19	
While Not while of work 1 this haspital) attended the deceased from 1967, and that in (my) (aur) opinion death occurred on the date and hour and from causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE ATTENDING PHYS. 22c. DATE SIGNED	Stote ve) la: om th
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MARYLAND STATE DEPARTMENT OF HEALTH

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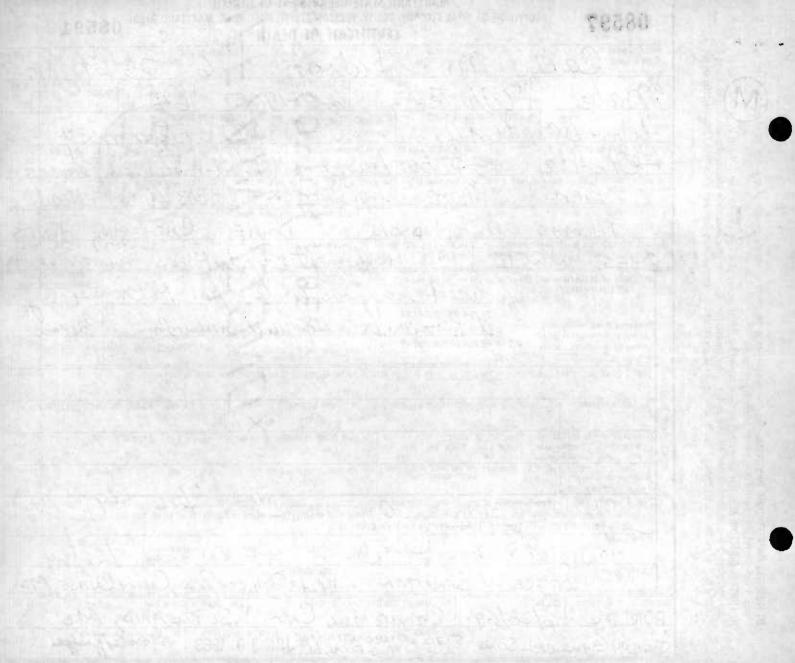
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ific al,	0	es, na, ar unknawn) (If yes give wa	or or dates of service) 217-10	-9751	S. Linwoo	d Holsey	. Damascus		
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bee the same	100		ONDITION FOR WHICH OPERATION W		20a. AUTOPSY?		IF YES, WERE FINDINGS CO	/	
/ 도 a 도 a 도 /	CERTIFICATION						SES OF DEATH?		
AAN: The cate had cate had use use Health		21a. ACCIDENT WAS UNDERLYING	G 21b. TIME OF INJURY	21c. H	OW INJURY OCCURRED	(Enter nature of in	ijury in Part 1 ar Part 2, 1	em 1B.)	
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ro Hospital or Page 4 may be r to Funeral Dire director, page 3 should be filed w		22d. PMYSICIAN'S ROW.	ALDW BANK	M.D.	22e. ADDRESS	OLD GE	ORGE TOWN	Ro Ro	- NI-CA
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	and I was	7a.	BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	within 24 ely filled ban pape	6	Ethes da	give street address)	I Hespetel during	AL OCCUPATION (Kind af work dane ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY from &
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	IAN: The ol or atticate ha far use Health	L CERT	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)
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	ATTENI estained CTOR: A shauld intrihe		saw the deceased all causes stated abave,	ive an (did) (did nat) view the	19 Cand that in (my) (eur) op bady after death.	inian death accurred an the da	ite and haur and fram the
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	VR A13 (4)	24.	FUNERAL DIRECTOR PUNCH	rey, Inc. Silver S	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2 3 1969 25b. REGISTRAR'S	SIGNATURE

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within 2 ban pap within 2	10.	THY OR TOWN OF DEATH	0	11. NAME OF HOSPITAL OR INSTI	TUTION (If not in haspital	during most of	UPATION (Kind of work done working life, even if retired.)	12b. KIND OF B	
wirbody t, w	130	IISIIAI PESIDENCE (Where of	leagneed lived	, if institution: Residence before	Lac ,CITY OR TOWN,	13d. INSIDE CITY LIMITS?	130. STREET AND NUMBER	y Caro	CERY
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08598 08592 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH within 24 haurs after death. 2b. HOUR (Type or print) Barbara Month Yeor J. Hughes UNE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE HNOER 24 HRS last birthday) MONTHS DAYS HOURS Female Caucasian Sept. 17. 1884 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED please remaye carbon babers country) Maryland U.S.A. WIDOWED TY DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
6004 Highland Drive during most of working life, even if retired.)

Housewife INDUSTRY Kenwood At Home 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER that the death certificate be executed odmission) STATE 13b COUNTY Md. 6004 Highland Drive Monte Kenwood and in any 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle attending physician and permit. Then please rem William Butler Firoved Mary Shuffler Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Hughes, Daughter, Same as #13 220-44-9227 Sadie 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Q. R.O ar IMMEDIATE CAUSE (o) crematian, Conditions, if ony, which gove) SCLOROSI burial-transit 2RQ rise to immediate couse (o). þ DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar take Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [far use Health p 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from July 1 1956 to June saw the deceosed alive on June 19, 1969, and that in (my) (our) apinion death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) RANK directar, I shauld be 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, (County) REMOVAL (Specify)
Burial Arlington, Virginia Arlington National Joseph Gawler's Sons, Washington, D.C. NW FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

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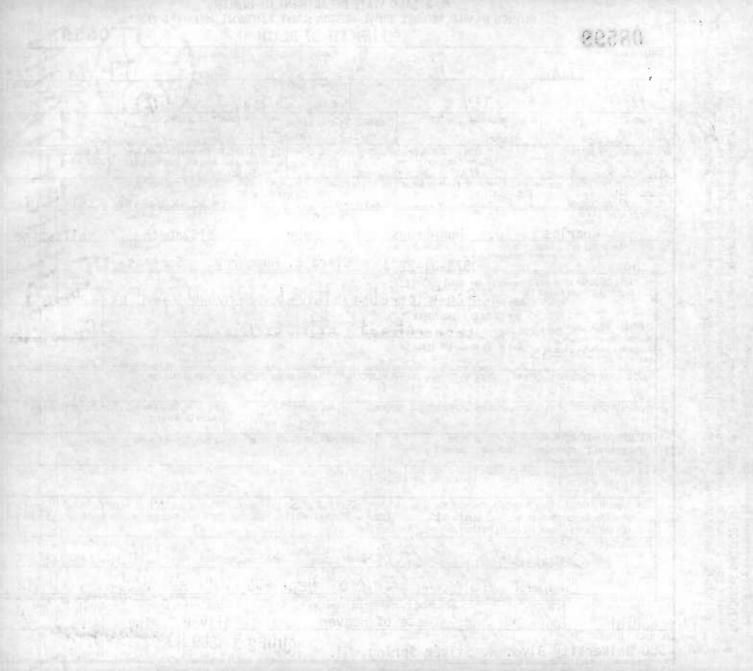
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08593 08599 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH and 2 2b. HOUR hours after death (Type or print) director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, cremation, or remaval, and in any event, within 72 hours after deat Month JOHN 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. MONTHS OAYS HOURS June 25 189 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED USA DIVORCED [24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13E CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) MARULANG YES NO T 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Charles Humphrevs Mary Elizabeth Vollentine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) Clara L. Humphreys Same as #13 578-01-2244 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per lines for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y cule CPITE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Priose prosis rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending MD/ 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗍 for FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us Page 4 may be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work at work ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from June 15, 1969, ta June 19, 1969, that (1) saw the deceased olive on June 19, 1969, and that in (my) (our) opinion death occurred on the date and haur and _1969, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE **ATTENDING** MED. DIRECTOR TO HOSPITAL OR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type Olesv 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Gate of Heaven Silver Spring 21969 24. FUNERAL DIRECTOR VR A15 500 University Blvd. W. Silver Spring, Md. 30M REV.

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08600 08594 CERTIFICATE OF DEATH 1 DECEASED-NAME First death. Middle Lost 20. DATE OF DEATH 2b. HOUR. funeral (Type or print) Month ALICE COFFROTH HUTSON 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) O MONTHS] DAYS June 23, 1884 HOURS Female Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Penna. U.S.A. WIDOWED X DIVORCED [Montgomery and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 9 7827 Aberdeen Road during most of working life, even if retired.) remave carban Bethedda INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER At Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY Montg. Md. YES T NO cam Bethesda 7827 Aberdeen Road 14. FATHER'S NAME First Middle pup Last 1S. MOTHER'S MAIDEN NAME First Middle Last Ella C harles Coffroth Brown the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) burial, crematian, ar remaval, 578-28-9721 J.M. Baker, Same as # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove) -transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse signed burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the k f Health priar tab attending has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO X certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) ATTENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached f te Dept. af I (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark ot work State TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from and be retained by 196 1 to home saw the deceased alive an fine 10 1969, and that in (my) (our) opinion death accurred on the date and haur and fram the directar, page 3 shauld shauld be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 4201 AMUE FNER 23a. BURIAL, CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Parklawn Cemetery Rockville, Md. 5130 Wieconsin Ave. NW 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Washington, D.C. Misories

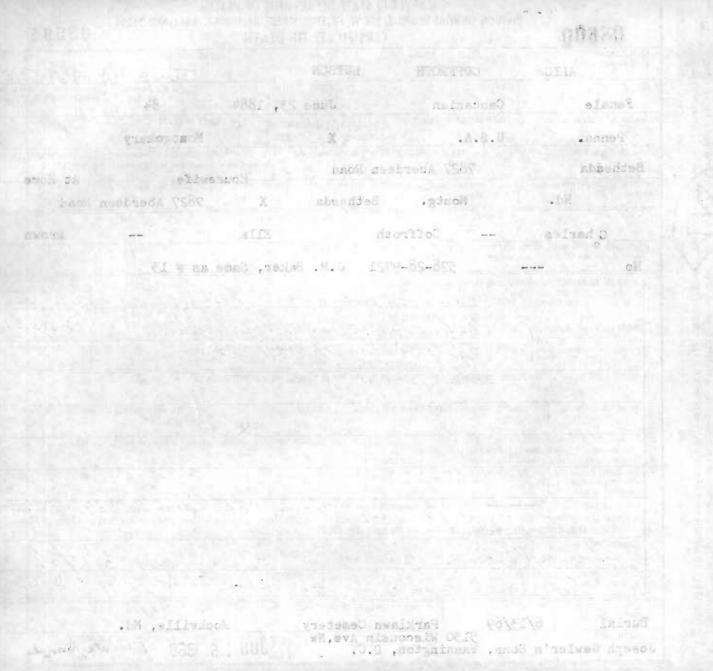
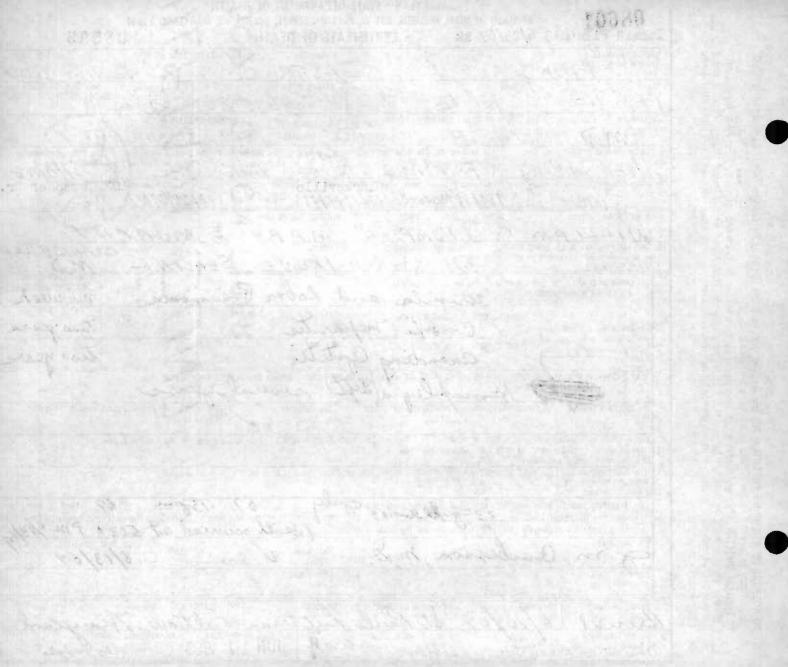
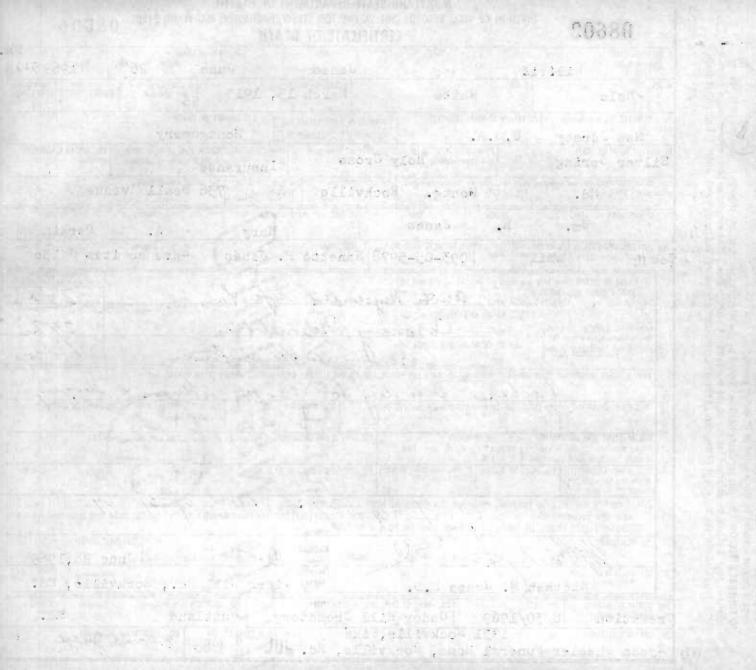


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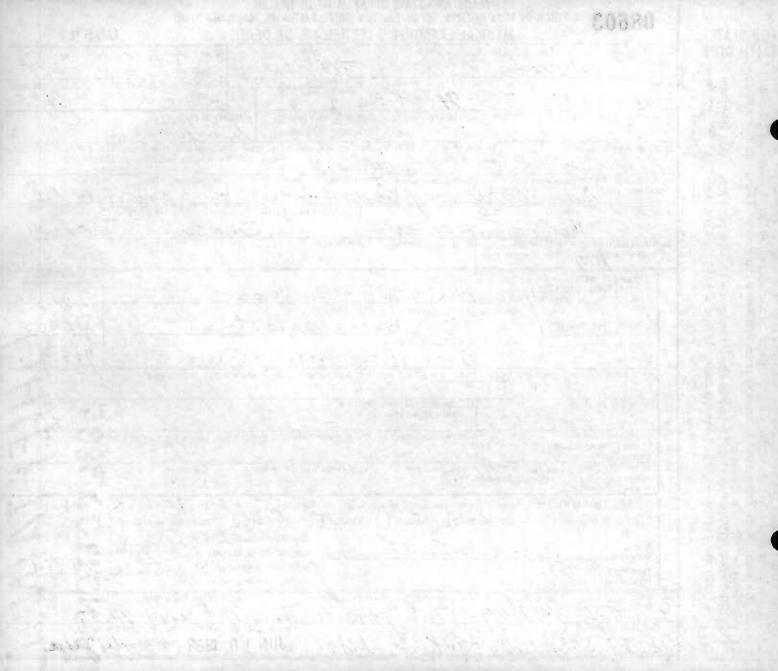


7 13	1	08602	DIVISION OF VITAL RECORDS	ID STATE DEPARTMENT OF T . 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMADE MADVIAND 01001	08596
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dequires that the death control physician. Signed by the attending burial-transit permit. If burial, crematian, ar rem	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CON	ONDITION FOR WHICH OPERATION WAS PI	oney Phrombo	20b. IF YES, WERE FINDINGS C	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	MEDICAL	ot work of work 22a. I certify that (I) (this saw the deceased all causes stated abave, 22b. SIGNATURE	er) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC. S haspital) attended the decease	ed fram 3 Z , 19 Z 19 9 and that in (my) (aur) api bady after death. DEGREE ATTENDING PHYS. 22e. ADDRESS	City or Town City or Town Control City or Town City or Town STAFF PHYS. June 10	County State 6 9, that (I) (we) last the and haur and fram the DATE SIGNED ne 28,1969
TO HOS Page 4 TO FUN directe shaule	Cr		30/1969 Cedar	CEMETERY OR CREMATORY Hill Crematory	23d. LOCATION (City or Town) Suitland	(County) (Stote) Md.
VR A15 (4) 30M REV. (458)		funeral director yson Wheeler H	1331 Rockworks Funeral Home, Ro		2 1969 25b REGISTRAR'S	SIGNATURE



	1 08603 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	MARKET STATE
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8597
HEALTH DEPT.	(Type or Print)	Doy Yeor 2b. HOUR
eny delay is 2, and 3 ta PM3. Page	Allerta B. Johnson DEATH MATED 6	3 1969 5 M
Pa Pa ent	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN. Month	2d. HOUR
ny delay is s. 1, 2, and 3 ta arm PM3. Page	TEMALE NEGRO 3-4-94 75 VRS. HOURS MIN. Just Hours Min. Just Hours Min. Just Hours	Yeor 1969 5 4 M
12 L	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	700
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2 with death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b7 (QUNTY)	.100
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Item 18. Office alc	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
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be executed within 24 Hauts after death "pending" in pencil in Item 18. Give Page lief Medical Examiner's Office along with finsit permit. File pages land 2 with the Statevent within 72 haurs after death	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (If yes give war or dates of service) (Yes, no, or unknown)	
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his certi ate, write farwa be used remavo	The state of the s	YES X NO
	PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	n 1B.)
TY SICAL EXAMINER: y, please execute the certificated director. Page 4 should be retained for your files. AL DIRECTOR: Page 3 should prior to burial, cremation.	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	County State
please execute director. Page retained for you DIRECTOR: Page or to buried, cre	22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
CAL exector. Professional forms of the crooks of the crook	death resulted fram: Natural couses , Accident , Suicide , Hamicide , Undetermined monner	
SICA oliector. director. etained DIRECTO	CHIEF MEDICAL EXAMINER	
JIY BICA Iry, please e eral director be retained RAL DIRECT prior to bu	ACTUAL OF BRIDE	GNED
	DEDICATIONS DEPOSITE MEDICAL EVANIAGE W	3,1969
D DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far your 5 FUNERAL DIRECTOR: Page Health prior ta burial, crem	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
TO DEPUTY necessary, the funery 5 may be TO FUNERA Health pr	230 BURIAL, CREMATION, 23b, DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) ((County) (Stote)
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MAKTLAND STATE DEPARTMENT OF HEALTH



MAKILAND STATE DEPAKTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08604 08598 CERTIFICATE OF DEATH 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR death. requires that the death certificate be executed within 24 hours after death Pages I and I (Type or print) OHNSON 4. RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) YRS 7-3-86 MONTHS . DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED 1 DIVORCED | TONTGOME Kentucky remayé carban papér aridioeompletely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (Usnot in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) 13o. USUAL RESIDENCE (Where decrosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 36. COUNTY Pr.Geo. YES Brentwood NO 3605-Varnum St. and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Last William Johnson Mary Gooch signed by the attending physician burial-transit permit. Then please 16b. SOCIAL SECURITY NO. 12-McLaren 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) burial, cremation, or removal, 578-52-3703 (Rd. S., Darien, Mrs. Edna M. Haslett (Daughter) Cogn. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1A-ASPIRAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending age 3 shauld be detached far use as the filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while 22a. I certify that (I) (this hospital) attended the deceased from. 6 - 15 1967, and that in (my) (or) apinian death accurred an the date and haur and from the saw the deceased glive an causes stated abaye, (1) (ve) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Tawn) (State) (County) REMOVAL Specify Ft. Lincoln Cem. Colmar Manor, Md. Funera laddress 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Mt. Rainier, Md. Inc. 30M REV. 1/68 Home

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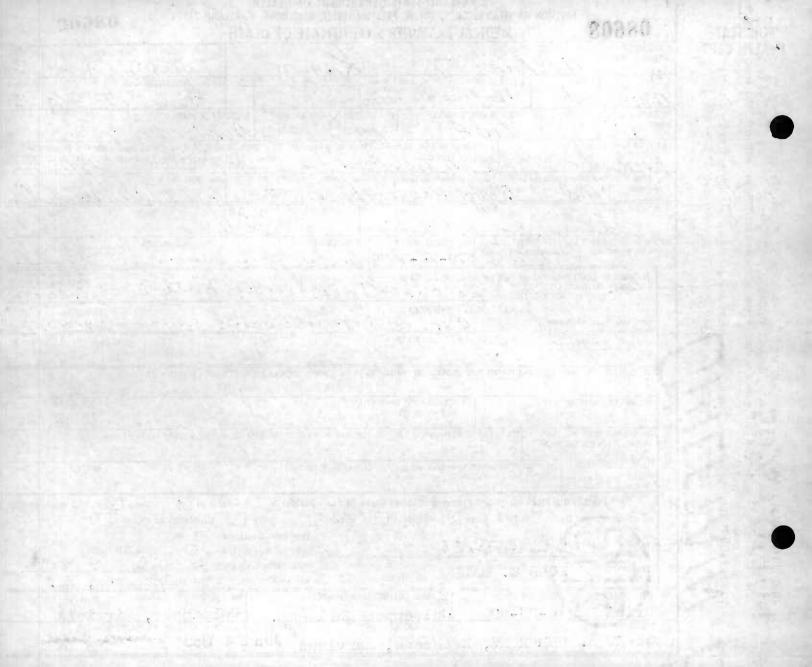
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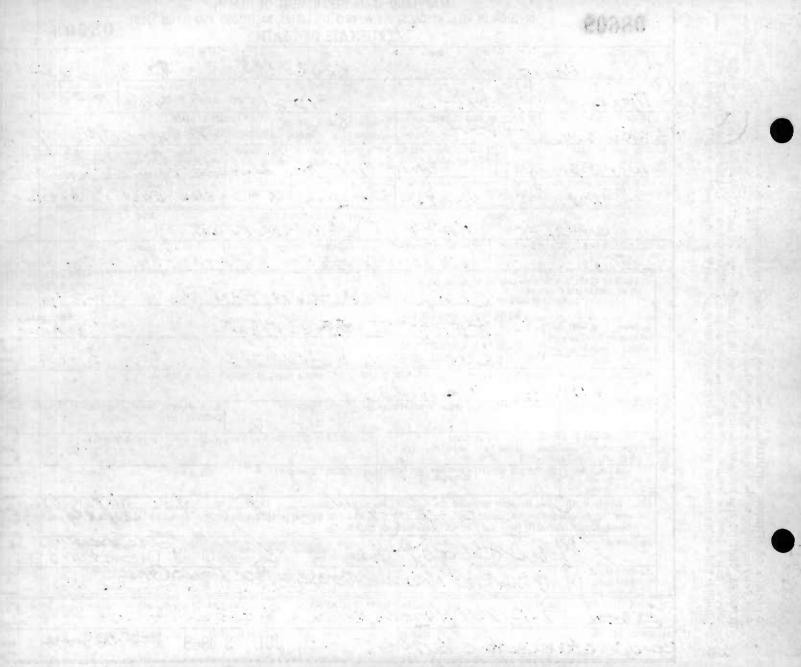
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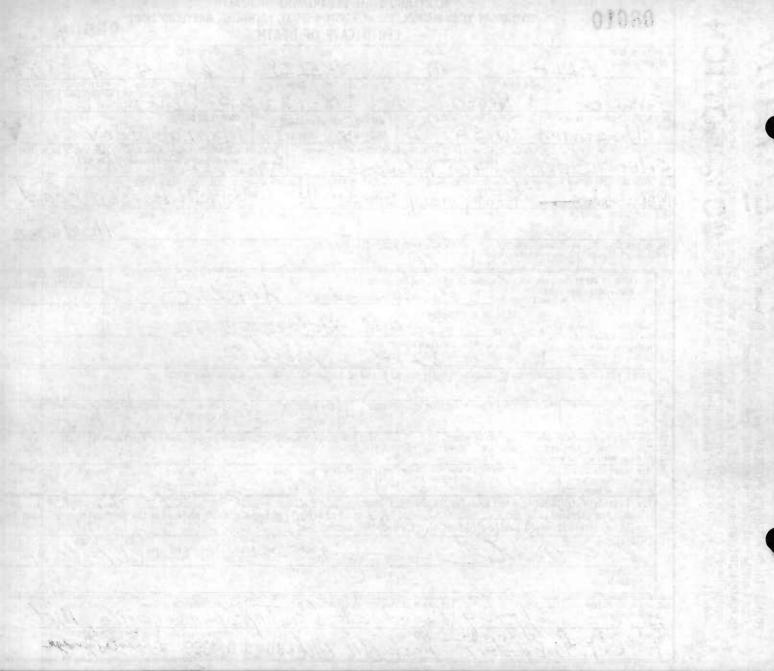
13	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08608 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02
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(Sa)	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	URE
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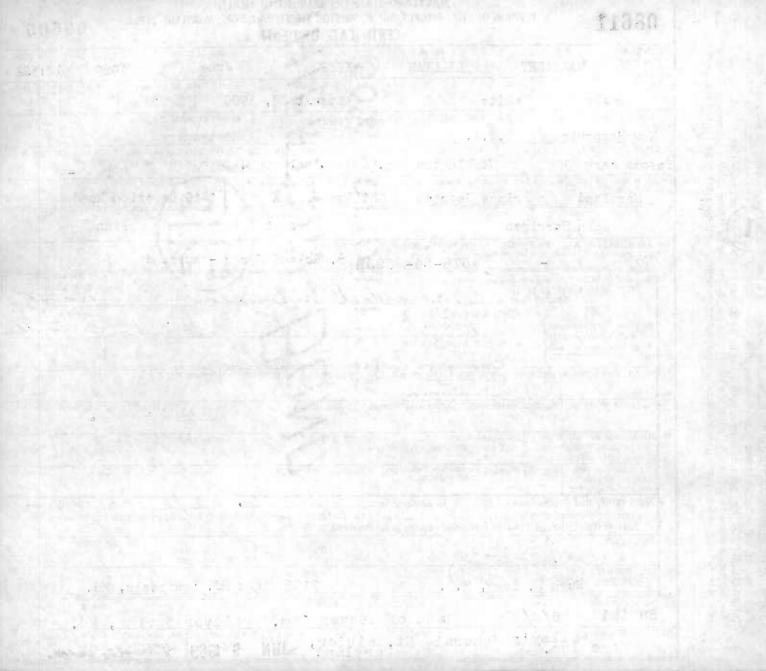
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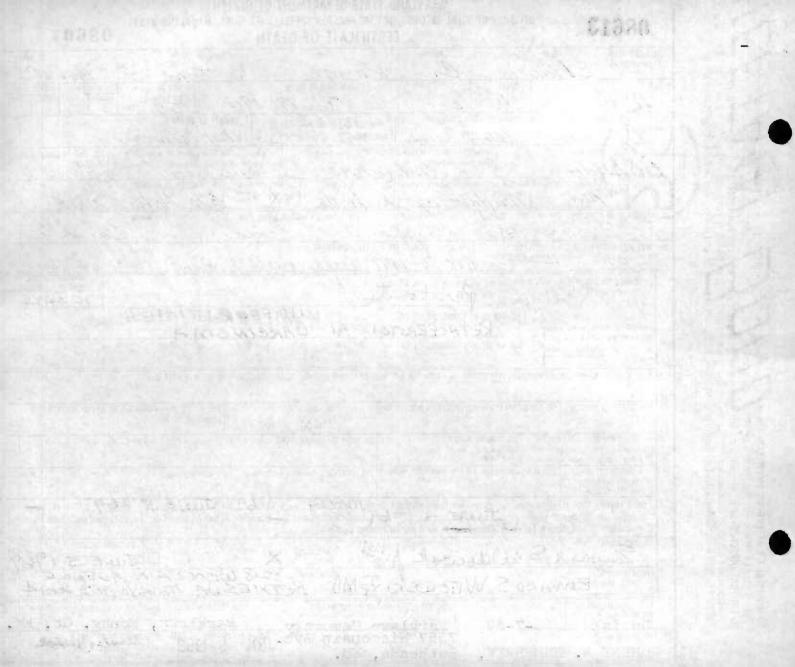




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	ample ove cark	15	13a. adm	USUAL RESIDENCE (Where deceose issian) STATE Maryland	lived, if institution 13b COUNTY MONTEO		13c. CITY OR Takoma		DE CITY LIMITS?	13e. STREET AND NU 8716 Gil		Place	
	srtificate be execute physician and camp en please remove c aval, and in any eve	1	14. 1	FATHER'S NAME First William	Middle Francis	Last		. MOTHER'S MAIDEN N	Mary	Mar	Middle garet	t Ana	iheim
	tificate hysician n pleas val, and			WAS DECEASED EVER IN U.S. ARM es, no, or unknawn) (II yes give w	ED FORCES?	6b. SOCIAL SECURITY N	0. 17. 1	NFORMANT Hospita	l char	t	ddress		
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the haspital or attending physician. IRECTOR: After this certificate has been signed by the attending physician and cample a 3 should be detached far use as the burial-transit permit. Then please remove coed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any even			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)	far (a), (b), and (c).) A CONSEQUENCE OF	ture	ty				APPROXIM, BETWEEN ON:	ATE INTERVAL SET AND DEATH
N	quires that the physician. signed by the burial-transit purial crematities.			Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS	A CONSEQUENCE OF	Paren	nephel	ly			7 h	25.
1/2	require ig physion n signed e burial a burial			PART 2. OTHER SIGNIFICANT CON	(<) DITIONS <u>CONTRIBUTIN</u>	IG TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PART 1(c	1)		
~	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-	1	CERTIFICATION	19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPSY2 YES	NO 🗆	20b. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CO	ONSIDERED IN CER	RTIFYING
	pital or rtificate d far u af Heal		MEDICAL CES	21a. ACCIDENT WAS UNDERLYIN or contributing cause of death (If either, notify medical examin	HOUR A.M. P.M.	Manth Day Year		DW INJURY OCCURRED		af injury in Part 1 a	r Part 2, I	tem 18.)	
	this ce this ce detache e Dept.		M	at work ot wark				CATION Street ar R.F.	F.D. Na.	City ar Tawn		County	State
	ned by NR: After auld be the Stat			220. I certify that (I) (thi saw the deceased al causes stated abave	s hospital) atten ive an , (I) (we)(did)(d	ded the decease 19 id nat) view the b	d from), and adv after a	d that in (my) (au death.	r) apinian d	to eath occurred or	, 19_ 1 the do	, that te and hour o	(I) (we) last nd from the
	OR AT be retai DIRECTO ge 3 sho ed with			226. SIGNATURE Herbert m.	Solomo	w MI	DEGR	ATTENDING	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED	69
	O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 shauld be filed v	/		22d. PHYSICIAN'S Herber	+ M. So	lomon	M.]	22e. ADDRESS					
	HO age FUS irect haul	Do	23a.	BURIAL, CREMATION, 23b. C REMOVAL (Specify) remailion		23c. NAME OF C				LOCATION (City or To		(County)	(State)
	5- 5- 5- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	图		remation (6-15-69	Washin	ngton	San & Host	pital	Takoma Pa	rk.	Mont I	Marylan
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	1			ND STATE DEPARTMENT OF		
100		08613	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
10		00070		CERTIFICATE OF DEATI	1	08607
7 2 4		ECEASED-NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOUR_
era ond leot		Type ar print) SIL	wied C.	Knight.	Month Da	
fun l er c	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
offe ges off		male	wh./=		last birthday)	MONTHS DAYS HOURS MIN
ST PAS	70	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
edwithin 24 hours after death. pletety filled in by the funeral carban papers. Pages 1 and 2 ent, within 72 bours after death.	can	ntry)	LIST ME	8. MARRIED NEVER MARRIED	1 /	
24 Seed	10	CITY OR TOWN OF DEATH	11 MAME OF HOSPITAL OR	WIDOWED DIVORCED		Md.
low requires that the deoth certificate be executed within anding physician. been signed by the attending physician and completely fill so the buriol-transit permit. Then please remove carbon prior to buriol, cremation, or removal, and in any event, within	10.	P. C. L.	give street address)		SUAL OCCUPATION Kind of work date	12b. KIND OF BUSINESS OR INDUSTRY
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en de co	odn	ission) STATE Where deceos	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CO	TOOL BILLERY THIS HOMBER	
e execution on complete comple		1110	Mentgemercy	KUCKYIIIE IBA	NO 630 Aster	Klud
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physen F ovol			578-50-7	1497 Wife, Kui	Il Knight, Sa	Ime de Ahoue
at the deoth cer the attending p ssit permit. The mation, or remo		1B. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (i) BY:	1) 54 '	U U	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
offindir it.		PART I. DEATH WAS CAUSED	TE CAUSE (0) Periton	rites		10 Days
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the or it p ation		Conditions, if ony, which gave	RETROPER	ITONEAL CARO	RIA/A DA A	
hat n. y th		rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE O		11001117	
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as os	FIG	Tra. Date of oreitation 176.	COMMINION TOK WITCH OF EXAMON WAS F		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
N: The low re or ottending the has been use os the solth prior to	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		_	
ol ol conficat		OR CONTRIBUTING CAUSE OF DEAT		ZIC. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Port 2,	Item 18.)
Siclospit spit spit spit sed ed . of	MEDICAL	(If either, notify medical examin	er) P.M.	19		
OR ATTENDING PHYSICIAN: De retained by the hospital or IIRECTOR: After this certificate e 3 should be detoched for u ed with the State Dept. of Heol	2	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D.	Na. City or Town	Caunty State
the D		at work at wark				
be Stall	1	22a. I certify that (I) (thi	s haspital) attended the decea	sed from MAY (4. 19	69, to JUNE 5, 19	69, that (1) (we) last
C: A		saw the deceased a	(did) (did not) view the	1969, and that in (my) (our)	ppinion death accurred an the do	ate and haur and from the
To the state of th		22b. SIGNATURE	, (1) (alu) (alla) view ille	bady affer death.		
REG 3 3 5 W I W		Edward (Salanita ach	DEGREE PHYS.	MED CTAGE]	DATE SIGNED
Dig of personal perso		22d. PHYSICIAN'S	- Musman		DIRECTOR PHYS.	WE 5, 1969
RAIL Per		NAME (Type) ENVA	ROS. WITOUS	KITPMI 22e. ADDRESS 82		
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to	-					AND 2014
FU Fu Sho	230.	BURIAL, CREMATION, 23b. I REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(Caunty) (Stote)
5 5 0	24	Burial	5-7-69 Park	awn Cemetery	Parklawn, Mo	ntg. Co. Md.
VR Ats (A)		FUNERAL DIRECTOR		Visconsin Ave.	BY REGISTRAR 1969Sb. REGISTRAR'S	SIGNATURE
45M - 1769		ROBERT A. PU	MPHREY, Bethes	sda, Md. DATE	71000	

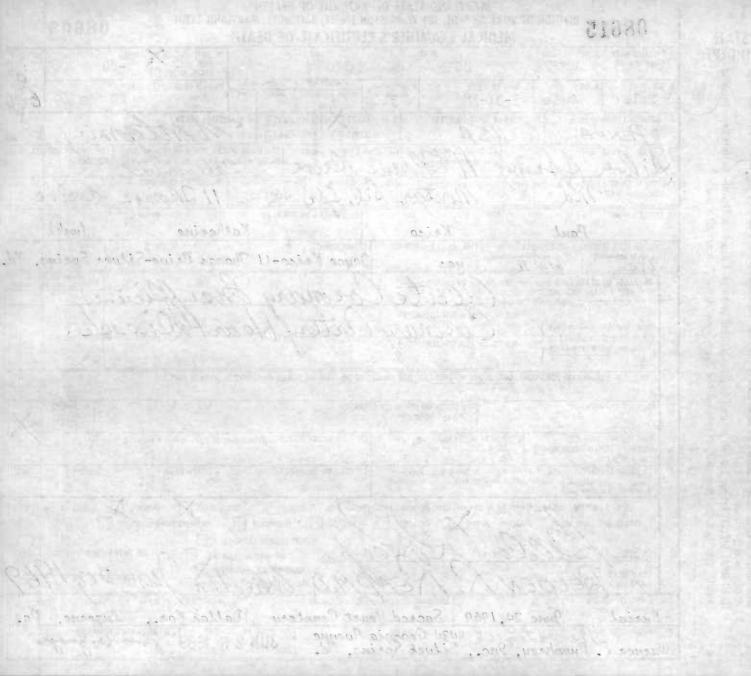


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08614 08608 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 20. DATE KNOWN Manth Day Year 2b. HOUR delay 1. nd 3 to Poge (Type or Print) OF ESTI-Tailn Koester Wilklow 6-19 699:10 DEATH MATED Or TITIERT 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 80 birthdoy PM3. 7-14-80 79 W F 1069 9:10M 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Del Office olong with form Montgomery WIDOWED X DIVORCED [Give Pages Virginia IIS the Stote 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12h, KIND OF BUSINESS OR 12a, USUAL OCCUPATION (Kind of work done give Washington San & Hosp during most of warking life_eyen if retired.) INDUSTRY Takoma Park housewite own home lond 2 with death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE Montgomery Silver Spring YES NO 759 Silver Spring Ave hours Item | ofter Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Middle Tax to dost Wilklow Wahlehow Susan John poges hours the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's ADDRESS Silver Spring, Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 1 Mrs. George Gaither. 759 Silver Spr. 219-54-9830-6 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. nours IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF rdio-Voscular Disease. buriol-tronsit Canditians, if any, which gave rise to immediate cause (a). should ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO N pe 21g. EXTERNAL CAUSE/WAS 21b. TIME OF INJURY Manth, Day, Year should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) PRIMARY TOR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) DIRECTOR: Poge NOT WHILE I AT WORK AT WORK burial, Por 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 10 Inquiry X and in my opinion director. death resulted from: Noturol causes 7 Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Heolth Moy NAME (Type) ADDRESS(Street, city, town, or county) 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Columbia Gardens Cometem SADDRESS Georgia August BY REGISTRAS 25b. CREGISTRARIS SICNATURES VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08609 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day Year 2b. HOUR (Type or Print) ESTI-4 JOSEPH OF JOHN KRISO ay is 3 to Page af DEATH MATED Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD PM3. F iost burthday) HOURS Male White 3-31-18 Month Day Year YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 8 9. COUNTY) OF DEATH with form WIDOWED F Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during mast of warking life, even if retired.) S CIVE along death. 13a. USUAL RESIDENCE (When deceased lived of institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET_AND NUMBER 13b. COUNTY admission) STATE 24 haurs and 2 shauld be farwarded to the Chief Medical Examiner's Office in Item after Middle 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Katherine Kriso Paul pages haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service) Thomas Brive-Silver Spring Douce Kriso-11 uea Ф APPROXIMATE INTERVAL .= within CAUSE OF DEATH (Enter only one cause per line to permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OK AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a), the word any shauld AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 0 writing removal, nsed CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate. YES F pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 0 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) AT WORK AT WORK burial, 22a. I certify that Hoak charge of the remains described above, held an Autapsy [and in my apinian Inspection Inquiry director. Accident death resulted from: Natural causes Suicide Hamicide Undetermined CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINEE the funeral SIGNATURE EXAMINER'S may Health NAME (Type) 50 23a. BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (County) ar Tawn) REMOVAL (Specify) Sacred Heart Cemetery June 24, 1969 Dallas Bor. Durial 24. FUNERAL DIRECTOR REGISTRAR'S SIGNAT C'D BY REGISTRAR VR A15ME (5) Pumphrey Inc. Silver Spring. 10M REV. 1/68



d	_ 1	00010	DIVISION		301 W. PRESTON STREET		RYLAND 21201		1156
0		08616		C	ERTIFICATE OF DE	ATH		0861)
	€2-2€	1. DECEASED-NAME	First	Middle	Lost	2a. DATE O		v	2b. HOUR
	deoth ond 2 deoth	(Type or print)	Ernest	Joseph	Kurdela		June 13	, 1969	2:10 m
	무 그라고 ㅋ	3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		Male		White	20 Apri	1 1913	10st birthday) 56 YRS.	MONTHS DAYS	HOURS MIN
	within 24 hours afterly filled in barthe. Poges, within 72 hours-diff	70. BIRTHPLACE (Stote or fore	eign 7b. CITIZEN (OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY O	DEATH		
	4 h	(quantry) New Jerse		ISA	WIDOWED DIVORCED		ntgomery		Md.
	in 2 Filled page him	10. CITY OR TOWN OF DEATH	The second second	11. NAME OF HOSPITAL OR INS	TITUTION (If nat in haspital	12a. USUAL OCCUPATION	(Kind of work done	12b. KIND OF E	BUSINESS OR
	with with	Bethesda		The Clinical	Center, NIH	during most of working Construct	ion worker	INDUSTRY	
	plet carl ent,	13o. USUAL RESIDENCE (When	e deceosed lived, it in	stitution: Residence before	13c. CITY OR TOWN 13d. I	NSIDE CITY LIMITS? 13e. S.	FREET AND NUMBER		
(ow ow	admission) STATE New Jer	sey 90. cool		Hackettstown 165	□ NO 🖾 P.(D. Box 262,	Mine Hi	11 Road
(e executed ond compler remove car in only event	14. FATHER'S NAME First	Mide	dle Lost	15. MOTHER'S MAIDEN	NAME First	Middle		Lost
1	dir d	Step		Kurdel		Tillie			
	ertificate be executed within 24 the physicion and completely filled in the please remove carbon paper, ioval, and in any event within 72.	16a. WAS DECEASED EVER IN Yes, no, or unknown)	U.S. ARMED FORCES?	16b. SOCIAL SECURITY N	nel.	hesda, Md.	20014Address		
	phy:	Yes	If yes give wor or dates of serving 1942-1945	154-01-26	87 The Medica	1 Records,	The Clinic		
	physician. physician. signed by the attending phy buriol-tronsit permit. Then burial, cremotion, or remova	1B. CAUSE OF DEATH	(Enter only ane cause)	per line for (a), (b), and (c).)				BETWEEN ON	NATE INTERVAL NSET AND DEATH
	he deoth ce attending permit. The ion, or remo	PART I. DEATH WA	IMMEDIATE CAUSE (o)	Bilateral b	ronchopneumoni	La		De	ays
(1)	atte perri	13949	DUE TO,	OR AS A CONSEQUENCE OF		ON THE PARTY		0 ***	
101	the the sit proting	Conditions, if any, which rise to immediate cou	(0)		tive cardiac fa	ailure		3 We	eks
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10	ires ysici ned iol- iol,	lost.) (c)		ive hepatorena			3 We	eeks
(,,)	the low requires that the death certificate ottending physician. has been signed by the attending physicion has been signed by the attending physicionse os the buriol-transit permit. Then please he prior to burial, cremation, or removal, and			TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVE	N IN PART 1(a)		
	ding ding een the r to	Mediast			500450	Louis	E VEC WITTE TWOWNS C	ONCIDEDED IN CO	D TIFLUIA
	tend tend tro os os prio	190. DATE OF OPERATION 28May1969 210. ACCIDENT WAS UN		R WHICH OPERATION WAS PER		CALISE	F YES, WERE FINDINGS OF S OF DEATH?		KIIFYING
	or of or	28May1969		valve replace	ement YES 21c. HOW INJURY OCCURR	NO []	16		
	o o o o lo o lo o lo o lo o lo o lo o		ISE OF DEATH HOUR	A.M. Manth Day Year	ZIC. HOW INJURY OCCURN	ED (Enter nature at inju	Jry In Part 1 or Port 2,	item 18.)	
	spit spit ertife ed	OR CONTRIBUTING CAL (If either, notify medical 21d. INJURY OCCURRED	ol exominer)	P.M. 19	ODY \ CIT LOCATION C	DED No.	T.	Court	State
	by the hospital or ottending the hospital or ottending the this certificate has bee detached for use os the State Dept. of Health prior the	While Nat while	7 PLACE OF INJ	OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or	K.F.D. No. CIT	or Town	County	21016
	de de ate	and work at work		attended the decease	d from April 14.	19 69 ta J1	ine 15. 19	69 that	M (we) last
	ATTENDING etained by th CTOR: After t should be d	saw the dece	osed alive on	June 15,	d fram April 14,	our) apinion deoth	occurred an the do	te ond hour	and from the
	OR:	causes stated	abave, 🗱 (we) (did) (total (total) view the b	oady ofter death.				
	OR ATTEND be retained DIRECTOR: A e 3 should ed with the	22b. SIGNATURE		1	ATTENDING	MED.	STAFF 22c.	DATE SIGNED	060
	DIRE 3 ge 3 led v	Made	ey M.	Kedlers	DEGREE PHYS.	MED. DIRECTOR		6 June	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	22d. PHYSICIAN'S NAME (Type)	Bradlev M.	Rodgers, M.	D. Tretit	The Clinicates of Heat	al Center,	Nationa Nationa	_
	OSP ONE CTOT	1	23b. DATE		EMETERY OR CREMATORY		ON (City ar Town)	(County)	(State)
	Poge Poge dire	23a. BURIAL, CREMATION, REMOVAL (Specify)	6-10-6	0 1/2/11	POSS CENTOI	1 0 11 .	Blington	(county)	1/5
		24. FUNERAL DIRECTOR D.	1000	ADDRESS		. RECD BY REGISTRAR	25h REGISTRAR'S	SIGNATURE	110.
	VR A15 (4) 30M REV. 1/68	4550 /10	Serre!	unphrey?	oth Mal DA	TEJUN 1 8 19	69 files	ulan your	se.
		1001-001	1 19 15 1 1 1	I Vhilly			/	1:	

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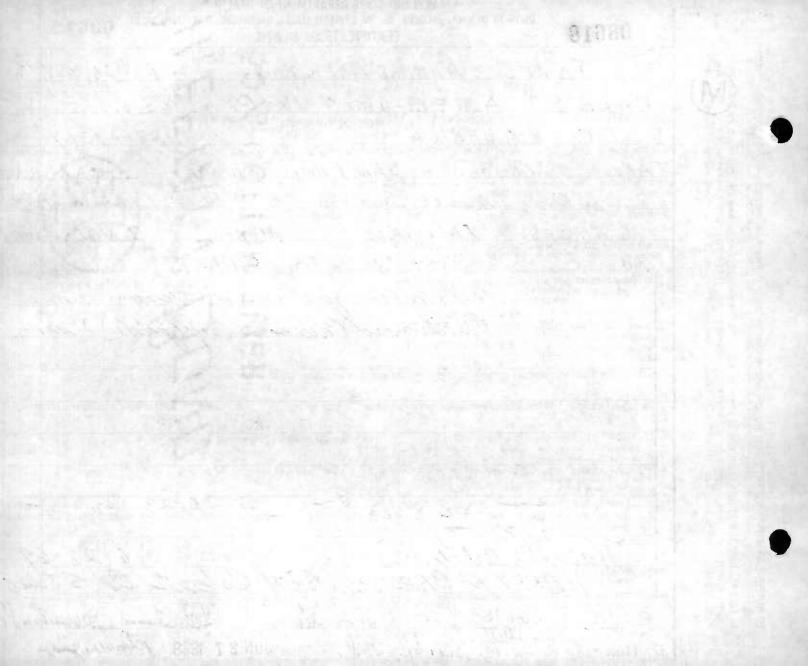
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FOR STATE	08617 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08611
HEALTH DEPT.	1. DECEASED-NAME / First Middle Last / 20. DATE KNOWN Month	Doy Year 2b. HOUR
oy is 3 to Page	(Type or Print) Thomas Conway Ky /e DEATH MATED 6	5 1969 7 18 MM
deloy is and 3 to 3. Page	3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD AGES birthday) MONTHS DAYS HOURS MIN. Magely	2d. HOUR
> 4 /4	male white Dec, 27 1896 72xxs. June 5	Year 1969 2 PM
ETINE .	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT OUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poges ith ferrith for	ID. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	12b. KUND OF BUSINESS OR
d & d		INDUSTRY EMPloyE
after olong olong	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 2	DEIT CHITCHE
tem 18. Gi Office olon and with	admission) STATE Md. 13b. COUNTY CONT. Backerile YES NO 127-122	Leadille
24 hours a in Item 18. r's Office of set I pride we set of the result of	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 h ncil in It niner's C poges 1		ONWAY
should be executed within 24 e word "pending" in pencil in 5 the Chief Medical Examiner's vurial-transit permit. File pages in any event within 72 hours	(Yes, no, or unknown) (If yes que war or dates of service) 321-07-58/2 JAME MEAD (DAYGHTER)	EN Ellyn,
executed with nating and making in per Medical Example permit. File part within 72 mt within 72	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in lief Medical E nsit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aneurysm, ruptured, abdominal aorta	4 for
exe endi Me it pe	DUE TO OR AS A CONSCIUENCE OF	
d be d "p Chief rons	Canditions, if any, which gave rise to immediate cause (a). (b) Sordio Vascular Disease.	years
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ote showing the wed to the sed to the and in and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certific te, writin farwords e used os	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
hi ot	ALL EXTERNAL CHIEF WAS DULTHEST BUILDY H. J. D. V. JOY HOW HAVING OCCUPANT (F.	YES NO
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INER: e certif should files. 3 should		County State
XAMINER: the cert ge 4 should your files. Page 3 shou cremotian.	WHILE NOT WHILE of factory, affice building, etc.)	
ICAL EXAMINER: execute the cert for. Poge 4 should ad for your files. CTOR: Page 3 shou	22a. I certify that I taak charge af the remains described abave, held an Autapsy 📈 Inspection 🥂 Inquiry 🗹	and in my apinian
SICA olease ex director. etained the DIRECTO	death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
TY please y, please irol direct be retaine at DIREC	ACTUAL OD B B- 10 CHIEF MEDICAL EXAMINER COLD DAYE	
Ssary, prince of the prince of	SIGNATURE	76:6,1989
TO DEPUT* DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	NAME (Type) ADDRESS(Street, city, town, or county)	10 0) 1 / 0 /.
necesson the fun 5 moy 70 FUNE Health	PENOVAL/Specific	(County) (State)
	BURIA) JUNE 9, 1969 GATE OF HEAVEN CEM WHEATON	md.
VR A15ME (S)	DEVOI FYNDERS 1 HOME 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
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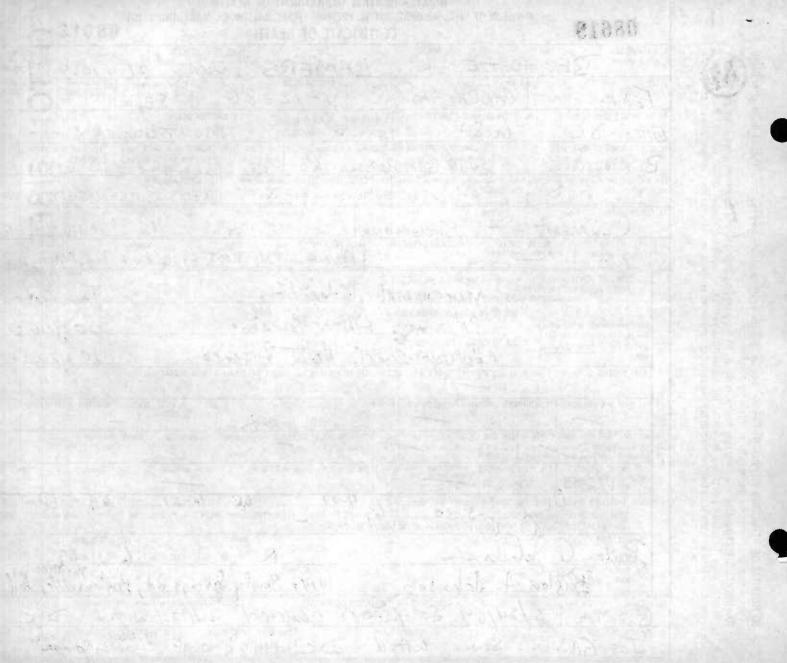
MAKTLAND STATE DEPARTMENT OF HEALTH

TAMES TORMAR COMME White was the 321-07-58/A JAME HIEMS CONTRACE. Bukung Jan Jan Barte of Magney Cent Mathematical Company of the Cent of the Ce

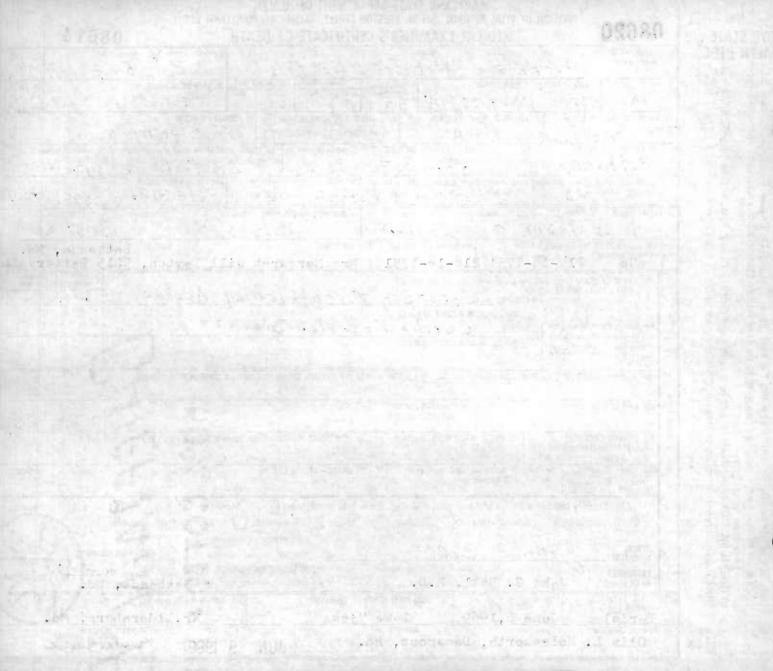
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08612 08618 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR death. (Type or print) 3. SEX 24 naurs after 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS CIAYS YRS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF 8. MARRIED NEVER MARRIED country) and completely filled in WIDOWED [DIVORCED [ar remayal, and in any event, within 72 OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street address) during mast af working life, even if retired.) INDUSTRY please remave karban DUNER -130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 14. FATHER'S NAME Middle certificate be physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE cremation, Conditions, if any, which gave ; burial-transit rise ta immediate cause (a). signed by DUE TO. stating the underlying cause burial. lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta b be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO DO Health r YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Doy Year director, page 3 shauld be detached f shauld be filed with the State Dept. af I (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram-8-21 _1969, and that in (my) (out) opinion death accurred on the date and have and from the saw the deceased alive on_ causes stated abave, (1) (ve) (did) (did vi) view the bady after death. TO HOSPITAL Page 4 may b 22d. PHYSICIAN'S 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (Lity or Town) (Caunty) REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRA 24. FUNERAL DIRECTOR



		R.		MAKTLAND	STATE DEPARTMENT OF I	HEALIH			
			000.0	DIVISION OF VITAL RECORDS, 3	01 W. PRESTON STREET, BALT	IMORE, MARYL	AND 21201		
The	-		08619		RTIFICATE OF DEATH			8613	
7		1 0	ECEASED-NAME First	Middle .	Last	D. DATE OF DEA			Lavarran
	ਜ਼ ਵਾਰਵ ਜ਼ਿਲ੍ਹਾ				1.0 1 0 -	2a. DATE OF DEA	Manth Day	Year -	2b. HOUR
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	5 3 E	3. S	EX	4. RACE	S. DATE OF BIRTH	6.	AGE (In years		F UNDER 24 HRS.
	at a see		FEMALIE	CANCASIAN	1-12-8	6 10	st birthday) YRS.	MONTHS DAYS	HOURS MIN
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	音音音が	-	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI		AL OCCUPATION (Kin		12b. KIND OF BU	SINESS OR
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	ed within 24 ha pletely filled in It carban papers. ent, within 72 hc	13a.	USUAL RESIDENCE (Where decea	ed lived, if institution: Residence befare 1	3c. CITY OR TOWN 13d. INSIDE CITY L		AND NUMBER		
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	and com	14.	FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME I		Middle		Last
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	an and indi	14-	CLEMENT			RY	11. 6	- CCHBOE	FHLEIS
	physician of the period of the period of the please.	100	was deceased ever in u.s. ar. (es, na, or unknawn) (lifyes give	MED FORCES? 16b. SOCIAL SECURITY NO		OCAT CO.	Address	1 1/1	
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	he death ce attending p permit. The ian, or remo	- "	18. CAUSE OF DEATH (Enter an	ly ane cause per line far (a), (b), and (c).)				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
	ath odir it.		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), and (c).) D BY: ATE CAUSE (a)	1 Protion			11000000	100
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	at the nsit man		rise ta immediate cause (a).	(U)	MINES Clinas	٥٠		20 46	une-
	tra by		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	· 1 - 1				
10	the law requires that the attending physician. has been signed by the case as the burial-transit p h prior to burial, cremation.		last.	(1) PRTERIOSELLI	afic HENRY WIS	seuse		10 4	us.
"	ph) ph) sign bur		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)	0	
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1/1	attending has been se as the th priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20g. AUTOPSY?	20b. IF YES,	WERE FINDINGS CO	ONSIDERED IN CERT	TIFYING
11	he artte	FIG			YES NO Y	CALIEFE OF			
	in the second se	ERT	21a. ACCIDENT WAS UNDERLYI	G 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente		Deat 1 as Deat 2 I	10 \	
	AN al cal for He		OR CONTRIBUTING CAUSE OF DEA	H HOUR A.M. Manth Day Year	ZIC. HOW INJURY OCCURRED (EITH	r nature at injury in	Pan I ar Pan 2, I	iem 16.)	
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	s PHYSIC the haspit this certi detached e Dept. of		IN WALL DI WALL			-			
	OR ATTENDING PHYSICIAN: De retained by the haspital ar NIRECTOR: After this certificate e 3 should be detached for u ed with the State Dept. of Heal		22a. I certify that (1) (th	is haspital) attended the deceased live an	fram 4-17 194	2, to 6-	. 19	69 , that (Diwel last
	d b d b d b d b		saw the deceased o	live an 5-30 19.	69, and that in (my) (our) opi	inion death occu	rred on the do	te and hour on	d from the
	ATTEND etained CTOR: A should vith the		causes stoted abov	(I) (we)(did) (did not) view the bo	dy after death.				
	AT eta	1	22b-SIGNATURE	100			22c. [ATE SIGNED	
	OR ATTENI be retained JIRECTOR: A ie 3 should ed with the		Dentar G.	Jelay sam		MED. STA	AFF D / -	71-69	
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	RA RA be		NAME (Type) TYPE	n A. Johnson	4140 Sand	la Laringe	B1 4	Dan Wille	· hal
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be-execused 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cardirector, page 3 should be detached for use as the burial-transit permit. Then please remostated to the shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any	00	E/*/	OF THE			F 1 1 1 1 1	10030///	1 1114
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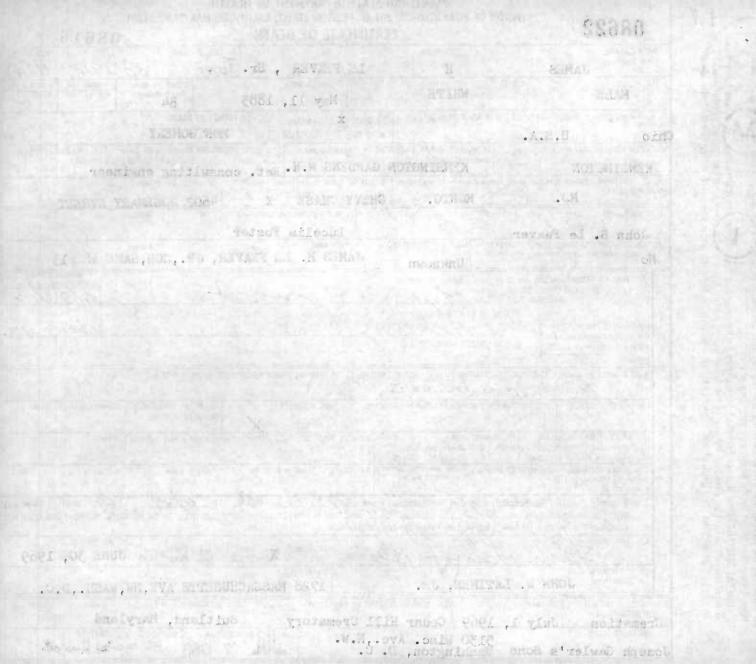
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FOR STATE	1	08620 N		ECORDS, 301 W. PRES CAL EXAMINER'S				8614
HEALTH DEPT.	1. D	ECEASED-NAME	First	Middle	Last	OI DEATH	2a. DATE KNOWN Month	Day Year 2b. HOUL
loy is 1 3 to Poge ent of	3. 51	17.	s. DATE OF BIR	Webstell RTH 6. AGE (In y		6 M	OF ESTI- DEATH MATED S ONE STORY OF	4 1969 /2 41
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s often deoth		dmissian) STATE	deceased lived, if institution 13b. COUNTY	Nontgime ry	Bethesde.	YES NO .	13e. STREET AND NUMBER 5015 BEARING	Lane Art207
teme 18. Office of 1 and 2 w	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAI	- 1	Middle	Last
	160.	WAS DECEASED EVER IN U.S. A	ram. 0 -	LZUTON 16b. SOCIAL SECURITY NO.	17. INFORMANT	Clara		Justice thesda, Md.
d be executed within 24 of "pending" in pencil in Chief Medical Examiner's. transit permit. File pages y event within 72 hours	(Y	es, na, or unknawn) (14	ves give v:nr or dates of service)	18-18-1751		garet Wi	T)C	15 Battery I
xecuted nding" in Medical E: permit. F	3	18. CAUSE OF DEATH (En PART 1. DEATH WAS	CAUSED BY:	C.5	T1	(icene	Acute.	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH
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b e at h	CERTIFICATION	21a. EXTERNAL CAUSE WAS	OIL TIME OF	WAS PERFORMED?	Total How Humpy or	COURTE AS		YES NO
iii p	MEDICAL C	PRIMARY OR CONTRIBU	TING HOUR A.		21c. HOW INJURY OC	CCURKED (Enter natu	e af injury in Part 1 or Part 2, Ite	am 18.)
3 S first	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (, factory, office buildin	At hame, farm, street,	21f. LOCATION Street	ar R.F.D. Na.	City or Town	County State
AL Executive Pograme P				he remains described a			pection 💢, Inquiry 💢	
ose ose sine sine to it		death resulted fro	om: Noturol cous	ses 🗖 , Accident 🗌		Hamicide [], EF MEDICAL EXAMINE	Undetermined manner	
The same	1	ACTUAL SIGNATURE	John S.	Bell.	M.D. ASS	ISTANT MEDICAL EXA	MINER 22b. DATE :	4 479
TO DEPUTY necessory, property from the funeral S may be r to FUNERAL Health price		EXAMINER'S NAME (Type)	John G. Ba	11. M.D.		PUTY MEDICAL EXAMI DRESS(Street, city, ta	NER O Jun	4,1969. Md.
TO I the S m I TO F	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEME	TERY OR CREMATORY		LOCATION (City ar Tawn)	(Caunty) (State)
	24.	Burial FUNERAL DIRECTOR	June 6,19	ADDRESS	e View	2So. REC'D BY REC	Nr.Eldersbi	
VR A15ME (5)		Olin L. Me	olesworth,	Damascus, 1	Md.	DAUN 9		en luckate



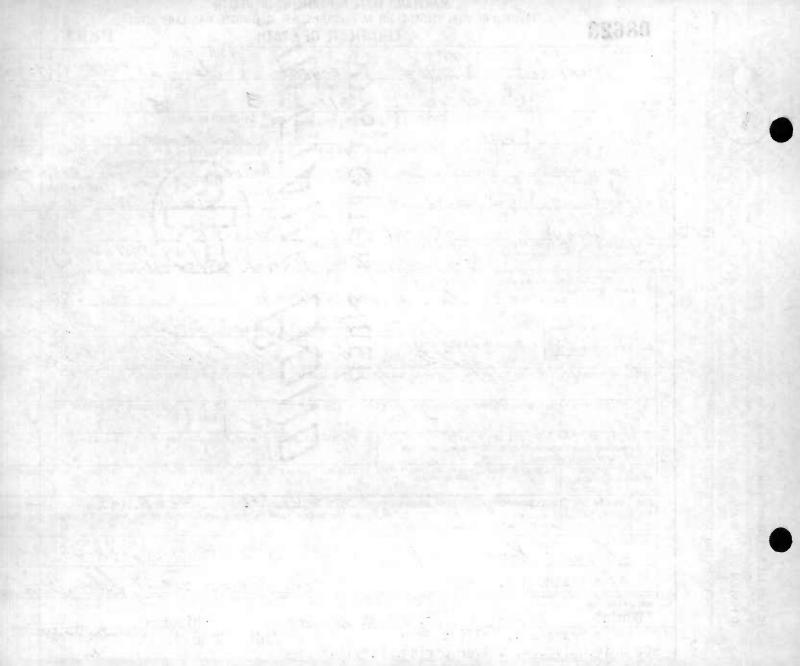
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FOR STATE	/-	1-09 811	08621				ERTIFICATE					0861	.5
HEALTH DEPT. ≈ ≥ ≈ ≈		(ype or Print)	First Halla		O¹De:		Leach		Y	20. DATE KNOWN OF ESTI- DEATH MATED	_ /	. /	1698:35A
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deoth Pag with		ity or town of Takoma I	Park	give s	trewaddress)	San & Ho	N (If not in hospitol	during	most of	UPATION (Kind of working life, ever USEW 1.7 E		126. KIND O	of Business or
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The office of or or	MEDICAL CERT	210. EXTERNAL OF PRIMARY OF DEATH	CONTRIBUTING		INJURY Month, I	Doy, Yeor - 19 69	21c. HOW INJURY OF Decea gastr	CCURRED (En	ter noture	of injury in Port ted and	l or Port.2,	Item 18.)	/
3 = F = E	MED	21d. INJURY OCC	URRED 21e. PI	ACE OF INJURY (A	At home form	street,	21f. LOCATION Street Wash. San	or R.F.D. No.		City or Town		County Montg	Stote Md.
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4	11	08622	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201	
1		00044		CERTIFICATE OF DEATH	0	8616
N. S.	# 12 H	1. DECEASED-NAME (Type or print)	First Middle	Lost 2d	DATE OF DEATH	2b. HOUR
,	er deat funeral l ond er deat	JAMES	S H	LE FEAVER , Sr.	UNE Month 30 Doy	1969 H 9-M
	within 24 hours after death sly filled in by the funeral soon papers. Pages 1 and 2 within 72 hours after death	3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH May 11, 1885		IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN
	2 300	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. CO	DUNTY OF DEATH	
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	cexecuted withing to completely fills a completely fills on yevent, within	10. CITY OR TOWN OF DEATH KENSINGTON	11. NAME OF HOSPITAL OR IN give street address KENSINGTO	during most o	CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS OR
		13o. USUAL RESIDENCE (Where de	eceosed lived, if institution: Residence before		13e. STREET AND NUMBER	et.
	and complet	odmission) STATE MD.	13b. COUNTY MONTG.	CHEVY CHASE YES X NO	4602 ROSEMARY	CUDERU
	ony ony	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	lost
	6 10 1 = /	John B. Le F	eaver	Lucelia Foster		
	ond and	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
	phy en povol,	No no, or unknown) (If yes	Unknown	JAMES H. LE FEAVE	R, JR., SON, SAME	AS #13
	ng p The		r anly one cause per line for (a), (b), and (c))))	1	APPROXIMATE INTERVAL BETWEEN ONSET AND OPATH
	attending permit. Th an, or remo	PART I. DEATH WAS CA	MUSED BY: MEDIATE CAUSE (o)	erdiz / tratero	7	6/28/69
	atte	4109	DUE TO, OR AS A CONSEQUENCE OF	, , , , , , , , , , , , , , , , , , , ,		1000/
	the the sit proti	Conditions, if ony, which go rise to immediate couse (iosclerosis		MSNY 45
	tho an. by ran cren	stoting the underlying cou				
	res /sici ned iol-tiol-tiol	last.	(c)			
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0	end end s be as t as t	190. DATE OF OPERATION 210. ACCIDENT WAS LINDER	19b. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED 206. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
0	The har the	RTIFE		YES NO	CAUSES OF DEATH?	
11	AN: Il or cate cate or L			21c. HOW INJURY OCCURRED (Enter note	re of injury in Part 1 or Port 2, Ite	m 18.)
1,	portification of the second of	(If either, notify medical ex	ominer) P.M.	9		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certific Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detoched for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremotian, or removal.	≥ 21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
	by there start	22a. I certify that (I)	(this hospital) attended the deceas	ed fram 770/11, 1969	, ta 6/30 , 196	9, that (I) (we) last
1000	R: A	saw the deceased	d alive an 6/23 ave, (1) (we) (did) (did not) view the	1969, and that in (my) (aur) apinian	death accurred an the date	and have and fram the
	ATI Sha sha	22b. SIGNATURE	1 20	bady differ deam.	22c DA	TE SIGNED
	OR Se de red w	Solar	il Talment	D DEGREE PHYS. MED. DIRECTO	OR STAFF JUI	NE 30, 1969
	AL DOOD	22d. PHYSICIAN'S		22e. ADDRESS	11113	
	SPIT d be	NAME (Type) JOH	IN W. LATIMER, JR.	1728 MASSACH	USETTS AVE. NW. WA	ASH. D.C.
	O HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	230. BURIAL, CREMATION, 23	3b. DATE 23c. NAME OF	CEMETERY OR CREMATORY 23d		(County) (Stote)
	5 5 5 p	REMOVAL (Specify) Cremation 24. FUNERAL DIRECTOR	July 1, 1969 Cedar	Hill Crematory S	uitland, Marylan	nd
	VR A15 (4)		5130 Wisch	N W 2So. REC'D BY REC	ISTRAR 25b. REGISTRAR'S SIG	GNATURE
	VR A15 (4) 45M - 1/69	Joseph Gawler's	Sons Washington.	D. C. DATE UL	7 1969 / Chames	a Judge

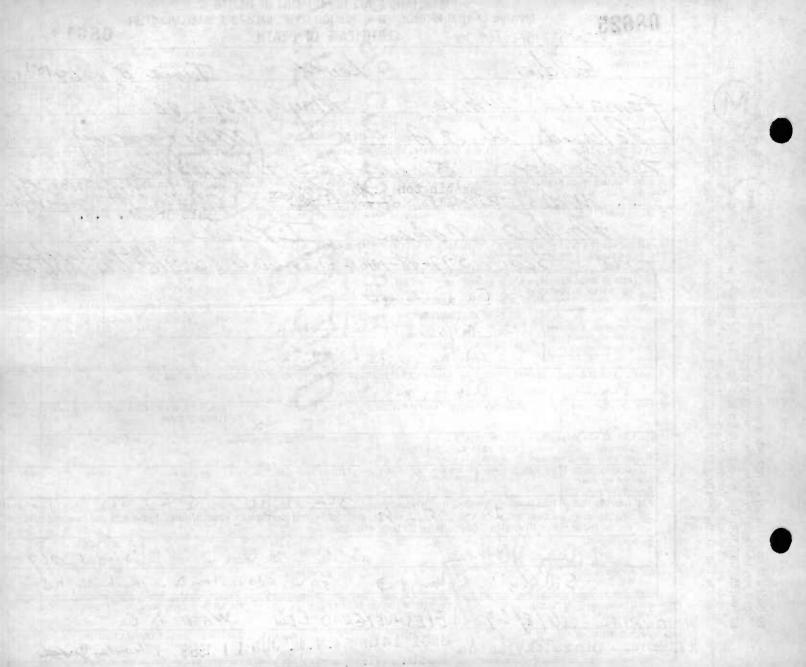


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		9	1	00000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
	CONT. TO			08623		CERTIFICATE OF DEATH		08617
	20 2			ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	25 HOUR
	omerol 1 and 2 2r deoth		(Type ar print)	// ./.	/		ay 69 Year 2b. Hour 452 p.M
	E		3. 5	MARGAR		LEONARd	6 Manth 28 Do	
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	y the Pages urs afte		_	-EMA/E	CAUCASIAN	11-25-8	YRS.	MUNTHS DATS HOURS MIN
	0 10			BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	in pa		10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		UAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
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	ed car	-	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	GLENMBR PK.
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	The factor of th		₹	OR CONTRIBUTING CAUSE OF DEAT	HOUR AM Month Day Year		or natione at injury in Fair F at Fair 2,	Helli Fo.)
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-	the the			causes stated abave	, (I) (we) (did) (did not) view the b	pady after death.	milan death accurred on the di	are and naur and tram the
	AT eta CT CT she with			22b. SIGNATURE	110:11		220	DATE SIGNED
	OR ATTENE be retained DIRECTOR: A le 3 should ed with the			Same 1	Kornell M. P.	DEGREE PHYS.	MED. DIRECTOR PHYS.	28-69
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	O HOSPITAL OR ATTENI Page 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1		NAME (Type) SERU	ICH T. KIMLE	98017	Corona Wedner	Adole Africa?
	UNI UNI Scto		230	BURIAL, CREMATION, 23b. D	ATE 23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	March 15 15 15
	Pag Pag dire		200.			ivet Cemetery		(Caunty) (State)
			24	FUNERAL DIRECTOR Franci		25a. RECOR	Washington	D. C.
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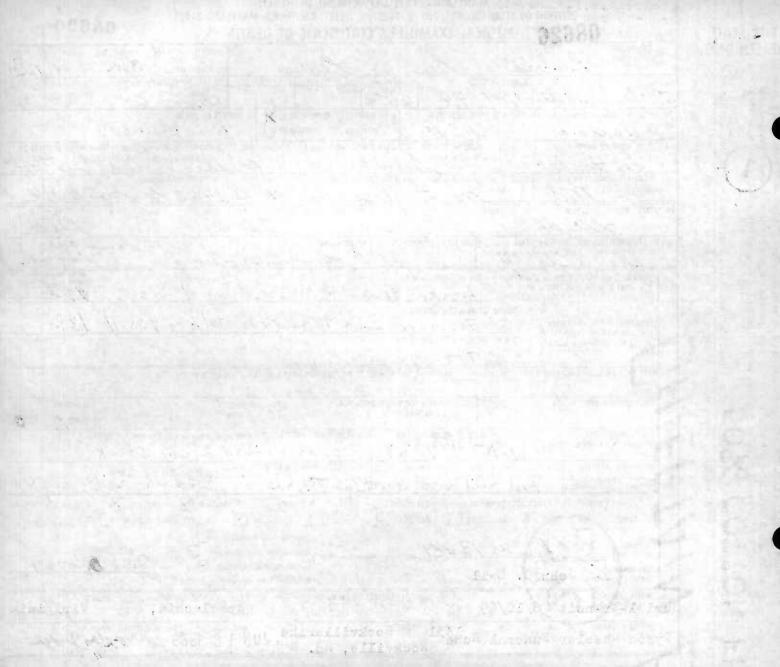


			MARILAND STATE DEPARTMENT OF HEALTH						
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	08624					CAND ZIZOI	08618		
	17 17 17 19 22			CERTIFICATE OF DE	AIH				
6 72	1. DECEASED-NAME	First	Middle	Lost	2o. DATE OF D	FATH	12	2b. HOUR	
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章 ▼e.≱1	70. BIRTHPLACE (Stote or foreign country) 70. CITIZEN OF WHAT COUNTRY? 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL RESIDENCE (Whele deceosed lived, if institution: Residence before lac. CITY OR TOWN lad inside CITY LIMITS? lab. STREPT AND NUMBER odmission) 121. FATHER'S NAME 122. USUAL OCCUPATION (King) of work done during most of working life, even if retired.) 123. USUAL RESIDENCE (Whele deceosed lived, if institution: Residence before lac. CITY OR TOWN lad inside CITY LIMITS? lab. STREPT AND NUMBER odmission) 124. FATHER'S NAME 125. Moldle 126. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 136. USUAL RESIDENCE (Whele deceosed lived, if institution: Residence before lac. CITY OR TOWN lad inside city Limits? lab. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 136. USUAL RESIDENCE (Whele deceosed lived, if institution: Residence before lac. CITY OR TOWN lad inside city Limits? lab. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND NUMBER of HOSPITAL OR INSTITUTION (If not in hospital lac. STREPT AND								
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ior sos	160. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURIT			Address		01 1/-	
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连 名 E S			163-10-	1031-D JOHN. F. L	eser sen.	318 MANI	heim St	PA.	
PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours offer e hospital or ottending physicion. his certificate has been signed by the ottending physicion and completely filled in by restance for use as the burial-transit permit. Then please remove carbon papers. Pages Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	IB CAUSE OF DEA	ATH (Enter only one couse per l	ine for (a) (b) and (())	/		APPROXIMATE IN	TERVAL	
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d Add Add Add Add Add Add Add Add Add A	saw the d	eceased alive on	4/12 2	196 7, and that in/my) (c	our) opinion death acc	orred on the dot	e and hour and	from the	
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TO HOSPITAL OR ATTENI Poge 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the									
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Cremation 6/21/69 Lee's Crematory Washington. D.									
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VR A15 (4)					REC'D BY REGISTRAR	2Sb. REGISTRAR'S		1	
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		1			ARIMENI OF HEAL		
-			08625 DIVISION OF VITAL RECORD			RE, MARYLAND 21201	00010
	1		Item13 FilmG413 6/16/69 kk	CERTIFICATI	E OF DEATH		08619
	death.		DECEASED-NAME First Middle (Type or print)	/ 1	Lost 2o.	DATE OF OEATH	2b. HOUR
	death death		to/die	Leu	ref	June Day	19/9/07 PM
		3. 5	SEX 4. RACE	S. DA	ATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	1 1 1 1 1 1 1 1 1 1 1	-	female white	75	May 10, 188	last birthday) YRS.	MONTHS DAYS HOURS MIN
	2 2 2 3	70/	BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	EVER MARRIED 9. CO	UNITY OF DEATH	
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	be no or see of in or		Thillip Cah	lu	LYen	el	0
	ertificate b physician nen please iaval, and i		D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown) (If yes give wor or dates of service)	TY NO. 17. INFORM	MANT	Address 2	4-Clar 12-2
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	ing Th		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and	(c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	end mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardine	eves t			
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hays be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by a 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Based with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours		4/09 DUE TO, OR AS A CONSEQUENCE	OF .			
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	AN: ol o icate icate iar Hea		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Ye	21c. HOW INJ	JURY OCCURRED (Enter noture	e of injury in Port 1 or Port 2, I	tem 18.)
	Sicility Spite	MEDICAL	(If either, notify medical examiner) P.M.	19			
	ha ha cach ept	2	21d. INJURY OCCURRED While Not while 21 twork of the property	FACTORY.) 21f. LOCATION	N Street or R.F.D. No.	City or Town	County Stole
	the det	13	at work ot wark				
	by Affer Sto		22a. I certify that (I) (this hospital) attended the deceased alive an	ased fram	1, 1961	ta_ 1 ane 5, 19.	67, that (1) (we) last
	R: A		causes stated abave, (I) (we) (did) (did nat) view th	_19 57 _, and that	t in (my) (our) apinian o	death accurred an the dat	e and haur and fram the
	AT SE		22b. SIGNATURE ()			22r D	ATE SIGNED
	OR De r		July Johan	DEGREE S	ATTENDING MED. PHYS. DIRECTOR	R D STAFF D 30	
	AL Doog		22d. PHYSICIAN'S	. 2	22e. ADDRESS	11113.	1
	ERA ERA Dr. F		NAME (Type) Sid Wey J. Cohon,	M.P. 3	50 W. ECHOU.	, tom Orie, Roa	hville, Hd.
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	VR A15 (4) 45M - 1/69	ве	rnard Danzansky & Sons Wash	"14th St.	N. WDATEJUN 1		la Judge



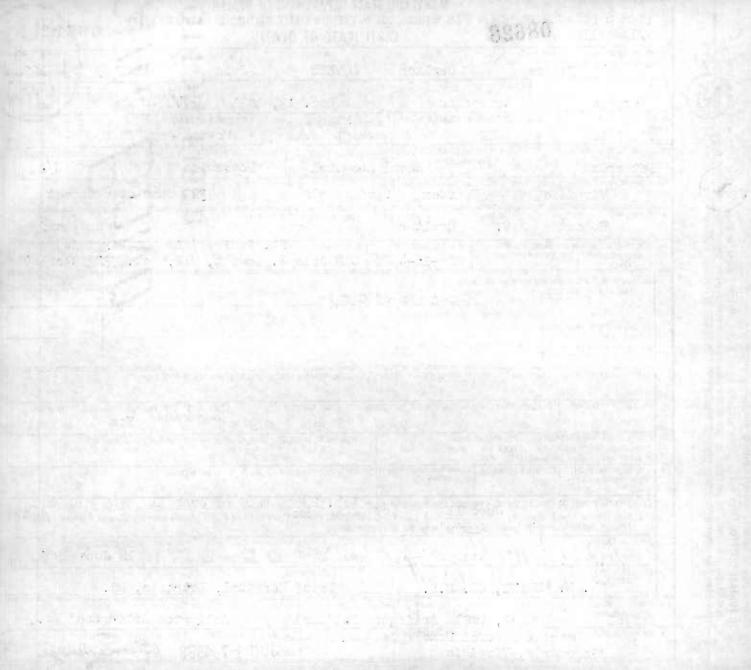
9	5-25-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	08620
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) Q First Middle Lost 2a, DATE KNOWN Month Doy Yeor 2b, HOUR
ay is 3 to Page ent of	Dufock See Sewis DEATH MATED - JUNE 8 1967/12M
9 E 8	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years In UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 1 YEAR IF UNDER 24 HES.) 1/2/4/4 (In years IF UNDER 24 HES.)
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	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or yilknown) (Husergrow wor of dates of service) (Husergrow wor of dates of service) (South Security NO. 17. INFORMANT Brown Barry Service)
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NER: T certific hauld b illes. shauld	PRIMARY NOR CONTRIBUTING HOUR AND 2:95 A.M. 9 Stovek on Head - By Coe - Strck [21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D.No. 22 Caunty State
EXAMINER: cute the cert age 4 should ryour files. Page 3 should, cremotion,	21d. INJURY OCCURRED WHILE AT WORK AT
bical EXAM ilease execute th director. Page 4 etained for your DIRECTOR: Page	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry 🔀 and in my opinion
please e directar retained DIRECT	deoth resulted from: Natural couses , Accident , Suicide , Homicide . Undetermined monner
please I direct retaine L DIREC	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 220 DATE SIGNED
DEPUTY ecessary, p er funeral common be re may be re ealth prior	SIGNATURE M.D. 10 1919
necessary, please e the funeral director 5 may be retained for FUNERAL DIRECT Health prior to bu	EXAMINER'S NAME (Types John G. Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
	236. BURIAL (REMATION, 236. DATE 236. NAME OF CEMETERY OR (REMATORY Appalachia, Viriginia
VR A15ME (5)	24. FUNERAL DIRECTOR Tyson Wheeler Funeral Home Rockville, Md. DATE ADDRES ROCkville Md. DATE 25b. REGISTRAR'S SIGNATURE DATE



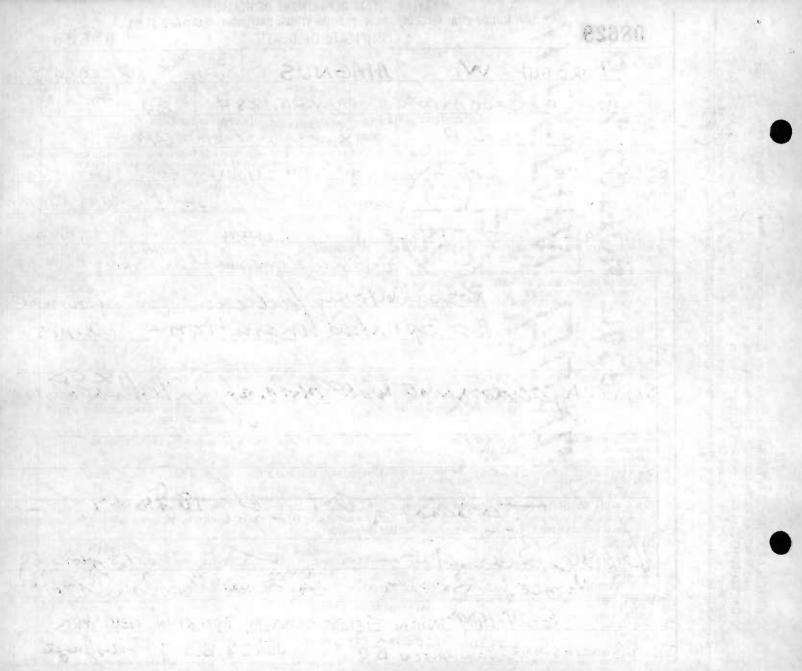
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AN: cate or cate		210. ACCIDENT WAS UNDERLYID OR CONTRIBUTING CAUSE OF DEA	ING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Port 2, ATH HOUR A.M. Month Day Year	Item 18.)
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ERA ERA Libe		NAME (Type)	OBERT KRAMER 8484- 16-50	D. 119-1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
	6	REMOVAL (SOUTHERN)	une 30, 1969 Fort Rencoln Crimatory Colman Manor	md.
	24.	ELLINERAL DIRECTOR	ADDRESS ADDRESS ADDRESS AND SET D BY REGISTRAR 25b. REGISTRAR'S	
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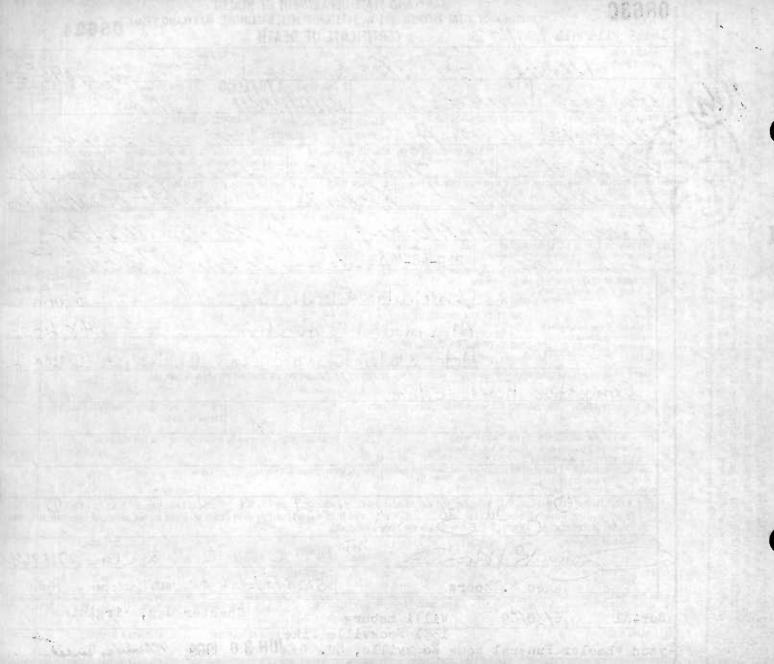
MARYLAND STATE DEPARTMENT OF HEALTH Item 6 FilmGhlDoyISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7/1/69 11w CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR eath requires that the death certificate be executed within 24 hours after death pup (Type ar print) Month 77 Doy 1225pm Eloise Carlton LOVETT June 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Caucasian Dec. 13, 1921 Female filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ountry) Virginia USA Montgomery WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY N/A Bethesda Naval Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 7323 Charlotte Street 13d. INSIDE CITY LIMITS? admission) STATEVirginia 186 COUNTY Fairfax Springfield YES . NO X 14. FATHER'S NAME **First** Middle 15. MOTHER'S MAIDEN NAME First and in an Last Middle the attending physician and sit permit. Then please rem Carlton Robert G. Mary Shepherd St. Springfield Address Virginia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) buriol, cremotian, or removol, 226-16-4586 CDR John F. Lovett, USN, Ret. 7323 Charlotte APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ____ Carcinoma of Cervix signed by the attendir buriol-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use os the b f Health prior to b TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO | O HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, natify medicol exominer) HOUR A.M. Month Doy Year P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Feb. 28 , 19 69 , ta June 11 , 19 69 , that (1) (we) last saw the deceased alive an 19 , and that in (1) (aur) apinian death accurred an the date and hour and from the causes stated abave, (+) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 12 June 1969 DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Naval Hospital, Bethesda, Md. MIRPH 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) June 13, 1969 Arlington National Arlington Arlington Va. Demaine Funeral HomeDorges and 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Milarley Judge DATEJUN Alexandria, Virginia



		MARYLAND STATE DEPARTMENT OF	
a la	DIVISION	OF VITAL RECORDS, 301 W. PRESTON STREET, BAI	TIMORE, MARYLAND 21201
	08629	CERTIFICATE OF DEATH	08623
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ф	3. SEX 4. RACE	S. DATE OF BIRTH	JUNE 18 1969 29AM
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Page 2	1 EVOLITLE CA	UCASIAN Nov. 25,19	3 /
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fille pa hin	10. CITY OR TOWN OF DEATH		UAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
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at the state of th	OF WORK	attended the deceased from QCF 19	68, to 18 June 1969, that (1) (see) last
Affe be Ste	22a. I certify that (I) (this hospital) saw the deceased alive an	1969 and that in (my) (arr) a	oinion death occurred on the dote and hour and fram the
ATTEND etained CTOR: A shauld vith the	causes stated above, (I)_(v=) (c	lid) (did not) view the bady after death.	smon acam occorred on the dote and hoof and fram the
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HO Be ge ect	230. BURIAL, CREMATION, 23b, DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (Stote)
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	24 FLINERAL DIRECTOR		BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1/69		JASHINGTON D. C. DANUN	23 1969 James Judge



ix 2 -1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08624
1 3	Item5 FilmGtilt 7/17/69 kk CERTIFICATE OF DEATH
death.s.	1. DECEASED-NAME (Type or print) 1 First Middle 20. DATE OF DEATH 2b. HOUR. Manth Day, Year 25.
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if the di the atte sit pern nation,	Canditians, if any, which gave rise to immediate cause (a). (b) Myourdial Infarction 48 hrs.
equires the physician. signed by burial-tranburial, crei	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. (c) Arterio seleso tic cordio voscular disease 10 years
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G PHYS the has this ce detache	21d. INJURY OCCURRED While Not while at work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health prior ta	22a. I certify that (I) this haspital) attended the deceased from June 34, 1964, to June 26, 1964, that (I) (we) last saw the deceased alive an June 26, 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (II) (we) (did) (did not) view the bady after death.
OR AT DIRECTO	22b. SIGNATURE MD ATTENDING DIRECTOR DIREC
TO HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil	22d. PHYSICIAN'S NAME (Type) James R. Moore 22e. ADDRESS 570 N. Frederick Are Guithersburg Md.
Page of Fundirect shaul	230. BURIAL CREMATION, BURIAL Specify) 23b. DATE 6/30/69 23c. NAME OF CREMATORY Williamsburg 23d. LOCATION (City or Town) Chester Gap, Virginia (State)
VR At5 (4) 45M - 1/69	24. FUNERAL DIRECTOR 13ADURESROCKVILLE PILESE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home Rockville, Md. DANUN 3 0 1969 Climater Question



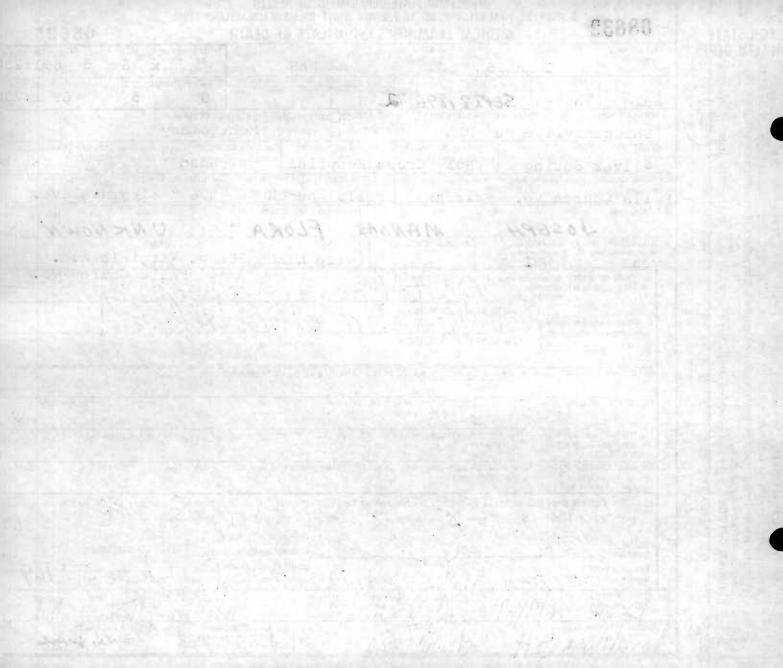
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MAKILAND STATE DEPAKTMENT OF HEALTH

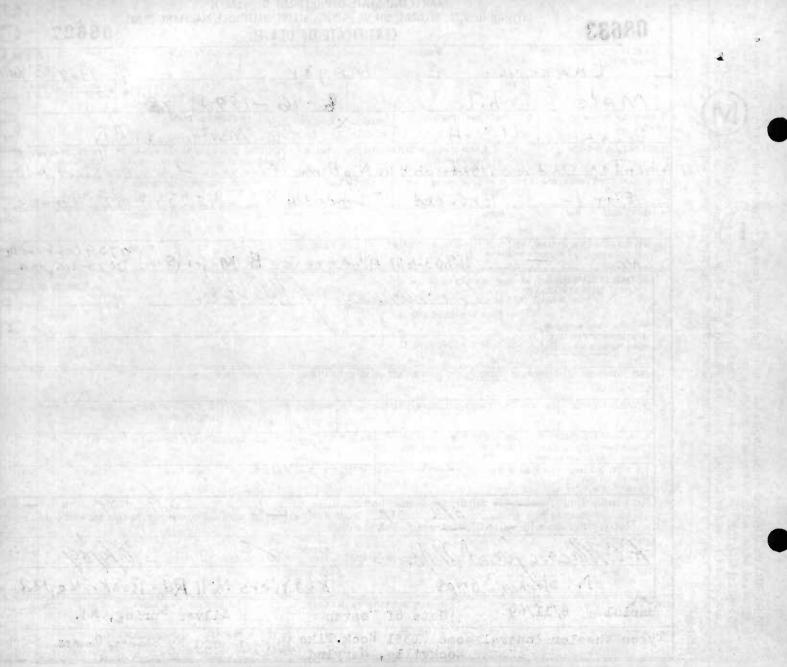
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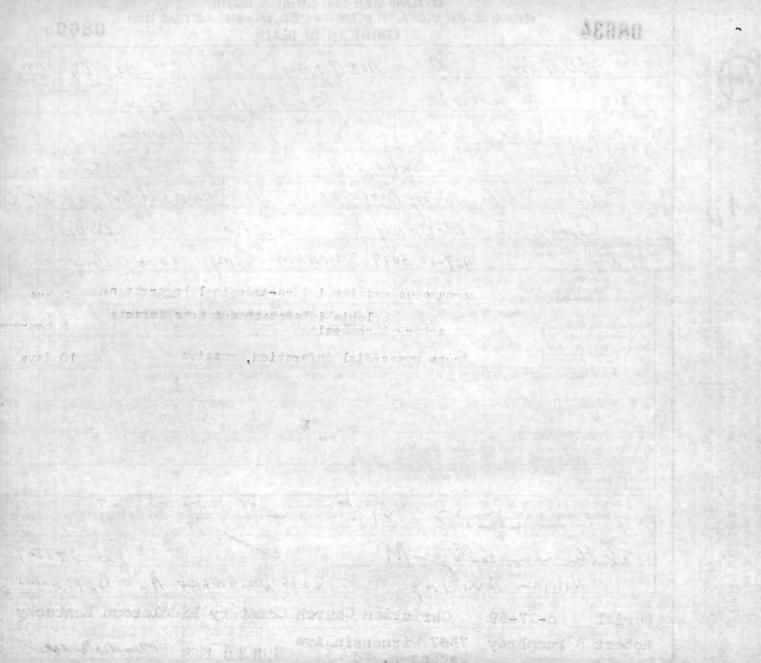
MAKILAND STATE DEPARTMENT OF HEALTH



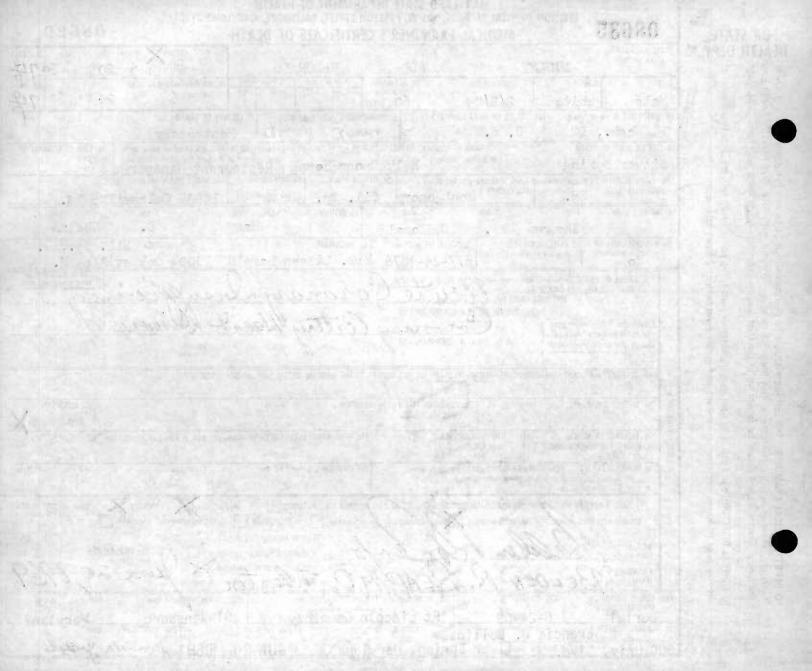
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VR ASSIA	24T FUNERAL DIRECTOR Wheeler	Funeral Home ADDRESS 1 Roc	ck. Pike 25g. REC'D BY REG	ISTRAR 2Sh REGISTRAR'S SI	GNATURE
45M - W8		Rockville, Ma	aryland DATEN 11	1969 Musica	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08628 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) William R 3. SEX 4. RACE 6. AGE (In years IF UNDER | TEAR IF UNDER 24 HRS last birthday) MALE 2-24-OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED and been pletely filled in remove Larban papers. 21.5. Montgomer WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street address) during mast af working life, even if retired INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130 CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 12000 061 burial, cremation, or remaval, and in dny 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle attending physician permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give wor or dates of service) 12000 Old GEOR 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Spontaneous massive instraaabdominal hemorrhage 3 hrs IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Splenic infarction due to splenic signed by the burial-transit p Canditions, if any, which gove) 3 hours artery thrombosis rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Acute myocardial infarction, massive last. 10 days PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased fram . 1965 . ta saw the deceased alive an 2 1967, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) {we}{(did)} (did nat) view the bady after death. 22b. SIGNATURE ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23c. NAME OF CEMETERY OR CREMATORY Cemetery Middletown 23a. BURIAL, CREMATION 23b. DATE 6-27-69 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 7557 Wisconsin Ave VR A15 (4) 45M · 1/69 Robert A Pumphrey (Milemelas Judge DATE IN 3 O 1969 Bethesda, Md



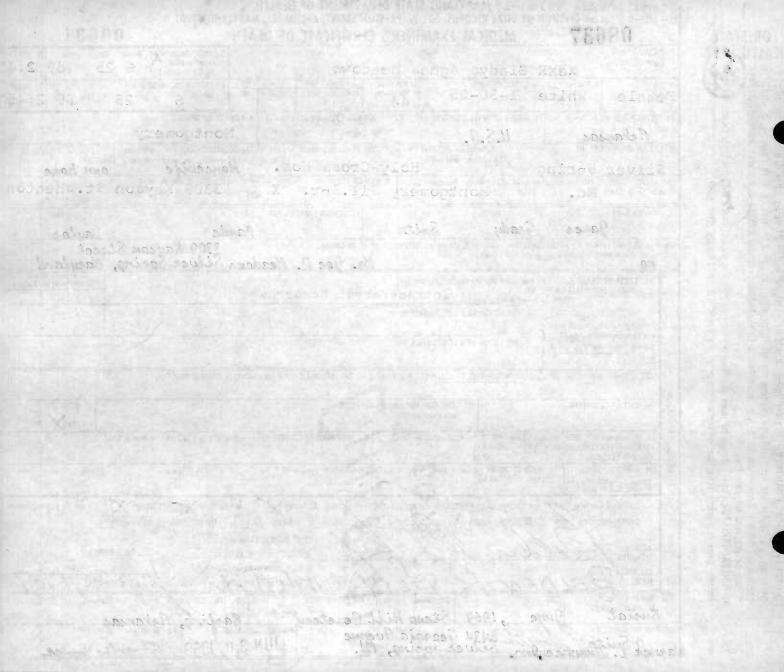
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08629 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECFASED-NAME Middle First Lost 20. DATE KNOWN Doy Yeor (Type or Print) ESTI-DUDLEY 5 DONALD McDONALD DEATH MATED deloy and 3 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD and HOURS 1969 2/2/09 6 Day 20 Year Male White YRS ci 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Wash., U. S. Give Poges WIDOWED Y DIVORCED 7 Montgomery the State 48. Give ruge 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Silver Spring Cross Hospl Restaurant Manager death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Montgomer YES V NO 0004 Colesville Rd Office In frem \ ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Mary Thomas Whelan MdDonald hours pages Exominer pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Sp., Md. should be executed within (Yes, no, ar unknown) (If yes give war or dates of service) 577-24-1875 Irs. Eileen Harold Colesvil 10004 = within 1B. CAUSE OF DEATH (Enter only one cause per lipe for (o), (b), ond (c).) permit. word "pending" i BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR B. A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a). writing the word ony OR AS A CONSEQUENCE OF stoting the underlying cause .= forwarded to and certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote, YES [0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) should should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) AT WORK AT WORK 22a. I certify that Loak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted from Natural causes Aceident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL the funerol FUNERAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE. DEBUTY MEDICAL EXAMINER moy **EXAMINER'S** Health NAME (Type) ADDRESS/Street ity (own, or county) 50 23g. BURIAL CREMATION DATE NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial Ft Lincoln Cemetery Bladensburg 6-24-69 24. FUNERAL DIRECTOR Francis **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR J. Collins VR A15ME (5) cilver Spring, Maryland Blvd



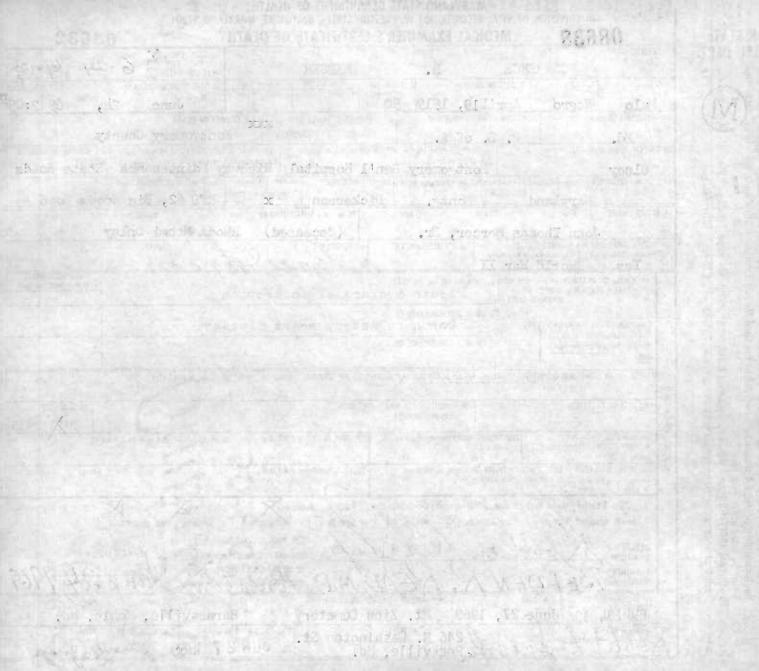
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	<u>₽</u> 4	3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
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	in 24 hour filled in by papers. R	7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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	vithin 24		Wheaton	11. NAME OF HOSPITAL OR IN give street oddress)	during m	AL OCCUPATION (Mind of work done ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	e executed with any campletely femave carban n any event, with	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME I		lost
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior ta	ME			CTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County Stote
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	ECTO Showith		22b. SIGNATURE	hh 7 10 00		22c. D.	ATE SIGNED
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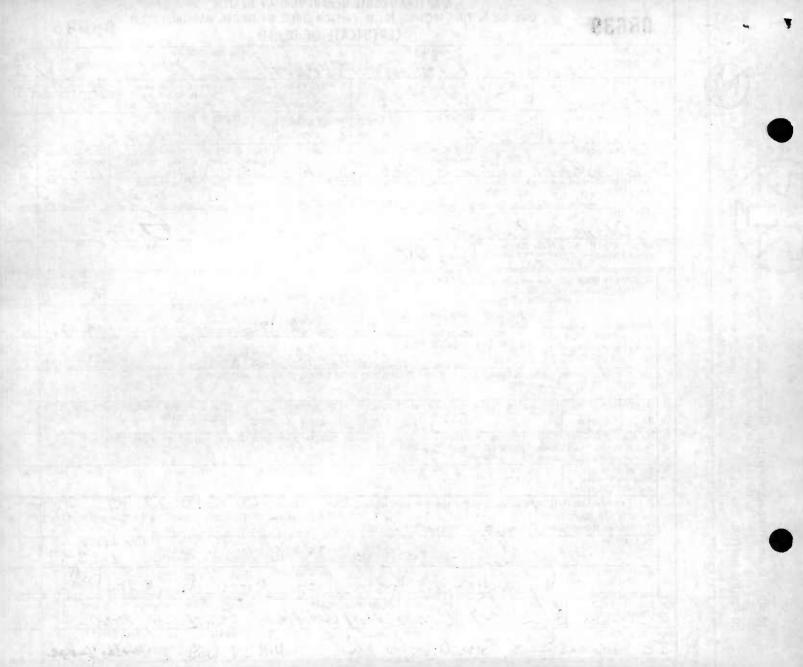
1	Items 18&22a Film 415 MARYLAND STATE DEPARTMENT OF HEALTH 8-11-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		8631
HEALTH DEPT.	(Tupo or Print)	Day Yeor 2b. HOUR 25 169 2:4
3. 3. del	3. SEX Female 4. RACE 5. DATE OF BIRTH 6. AGE (In years lost birthday) 6. AGE (In years lost birthda	Year 69 2:45
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hin nine page hau	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give wor or dates of service)	Maryland
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UTY DIANA, please reral direct be retained prigar to	22a. I certify that track charge of the remains described above, held an Autapsy Inspection Inquiry death resulted from: Natural causes Accident Signature ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE DEPUTY, MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL SIGNATURE	
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VR A15ME (5) 10M REV. 1/68	24. FUNERAL DIRECTOR 24. FUNERAL DIRECTOR Smith Smith Silver Spring, Md. DATUN 3 0 1969 OCCUPANTION DATUN 3 0 1969	SIĞNATURE



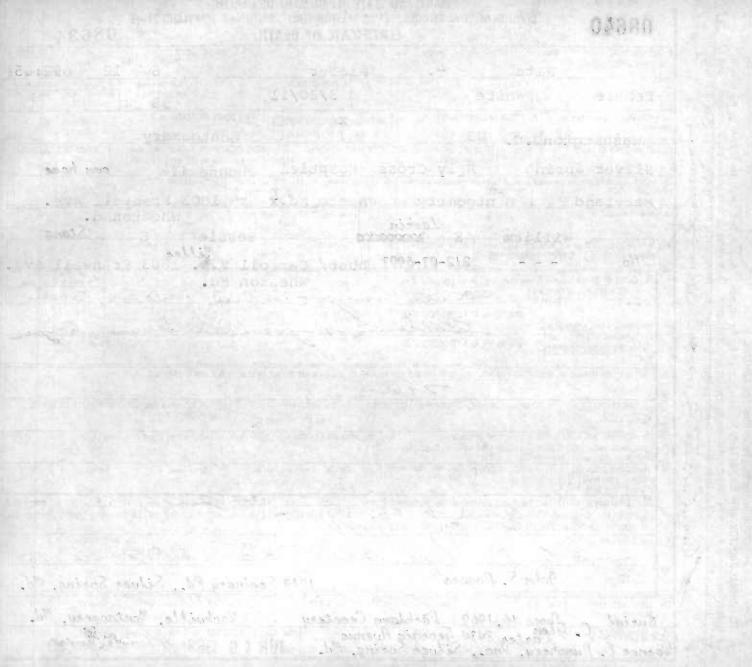
15					DEPARTMENT O RESTON STREET, BA		IAND 21201		
FOR STATE		08638			'S CERTIFICAT			08632	
HEALTH DEPT.		CEASED-NAME Fi		Middle	Lost MERCER	15 17 17	20. DATE KNOWN OF ESTI-	Month Doy Yeor	2b. HOUR
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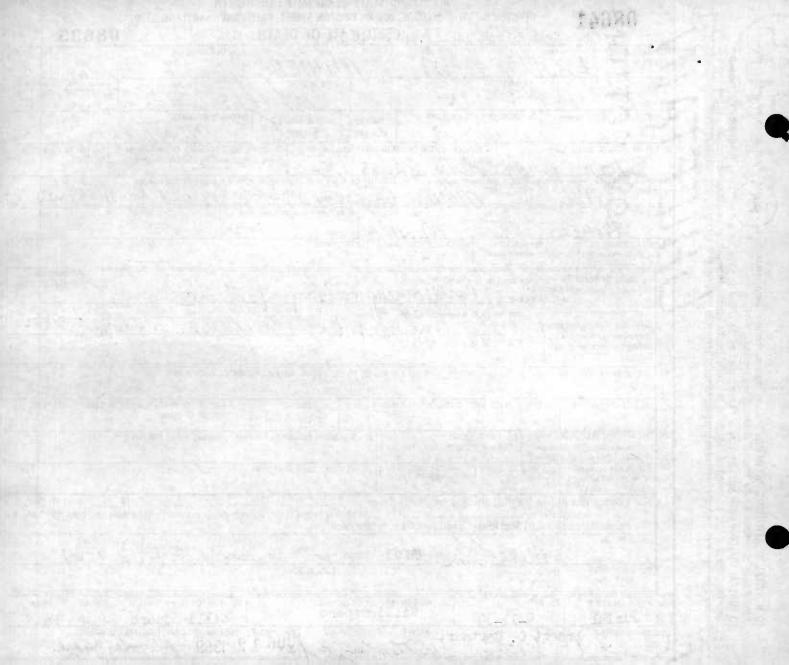
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7	12		08639 DIVISION OF VITAL	RECORDS, 301 W. PRESTON STREET, BALT	MORE, MARYLAND 21201	8633
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	ENCE Pled S: A		saw the deceased alive an (did not	19 7, and that in (my) (out) opin	nion death occurred on the dote	ond hour and from the
	ATT tain th th		2b. SIGNATURE	y view life budy differ dediff.		TE SIGNED
	OR ATTENDIN be retained by JIRECTOR: Afte je 3 shauld be ed with the Sta		- 11 X	DEGREE PHYS		-23-69
	y by by by billier file		2d. PHYSICIAN'S	DEGREE PHYS. DI	RECTOR PHYS. L	-23 11
	RAI RAI		NAME (Type) TO 11		errell de TICOC,	ML
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital or at TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use 7 shauld be filed with the State Dept. of Health	230		NAME OF CEMETERY OR CREMATORY		(5
	Pag.	230.	SMOVAL (Specify) 6/24/69	EDAR HILL CREMATION	6 -1	(Caunty) (State)
	===	_	INERAL DIRECTOR	ADDRESS WAS H. D.C. 250. REC'D BY	001127110	O .
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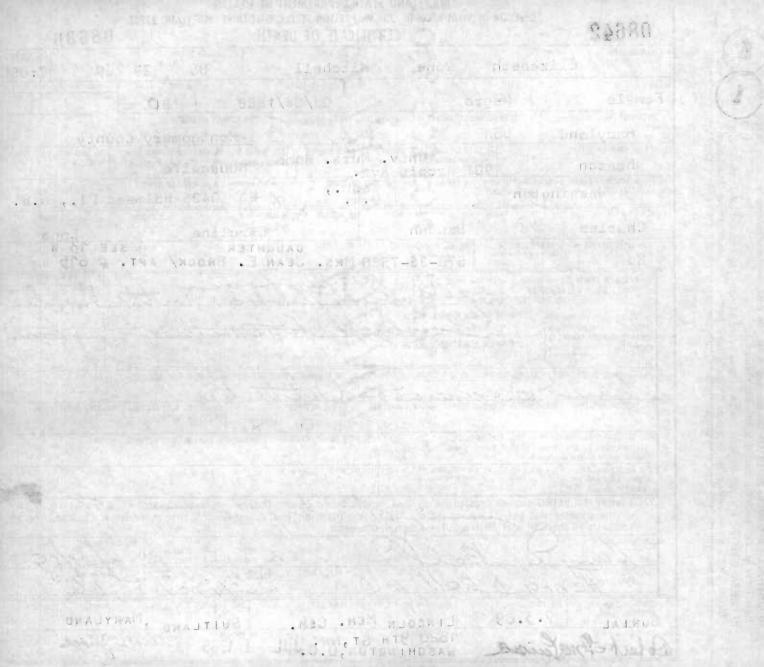
	MARYLAND STATE DEPARTMENT OF HEALTH										
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6		00030			CI	ERTIFICA	TE OF DEAT	H		08634	
4 24		ECEASED-NAME	First	A- 44	Middle		Last	2a. D	ATE OF DEATH		2b. HOUR
er death. funerol : 1 and 2	(Type or print)	Rita		E	Mil	ler		Month D	The Year 69	2:05P
fun	3. S		4. RA				DATE OF BIRTH		6. AGE (In years		F UNDER 24 HRS.
be executed within 24 hours after death ond completely filled in by the funeral a remove corban papers. Pages 1 and 2 in ony event, within 72 hours after death		Female	Wh	ite			3/20/11		last birthday) 58 YRS		HOURS MIN.
A Sun Mark		BIRTHPLACE (Stote or foreig	n 7b. CITIZ	EN OF WHAT COU	NTRY?	B. MARRIED C	NEVER MARRIED	9. COU	ITY OF DEATH		
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executed within 24 has a completely filled in move corban popers.	10.	Washingt	onu.c.	11. NAME OF H	IOSPITAL OR INSTI	TUTION (If not	in hospital 12o.			12b. KIND OF BL	JSINESS OR
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Tople w	130.	USUAL RESIDENCE (Where	deceosed lived,	if institution: Res	idence before	13c. CITY OR TO	OWN 13d. INSIDE	CITY LIMITS?	13e. STREET AND NUMBER	OWN TON	
are be executed vicion ond complete ease remove cortion ond in ony event,	odn	mission) STATE Maryland	13b.	COUNTY TO THE		Talho	to Mas A	NO 🗌	1803 Frans	vall Ave	
execution on complete	14.	FATHER'S NAME First	I I	Middle	Last	15.7	NOTHER'S MAIDEN NA	MF First	Whende		Lost
ond rem					Lamkin	2				Star	
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that the deoth certificate an. by the attending physicion ransit permit. Then pleas cremotion, or removol, once	F	18. CAUSE OF DEATH (En	ter colu con co			3 hus			1803		
ne deoth ce		PART I. DEATH WAS	CAUSED BY:	7200	i), (b), ond (c).)		wnea	ton M	a 0 >	BETWFEN ONS	T AND DEATH
deo deo		11200	MEDIATE CAUSE		Mile ,	m	10 Cin	e all a	C coals	2 200	- Land
tion be at		Conditions, if ony, which		TO, OR AS A COL	ISEQUENCE OF	./		-	0.0		
T to the state of L		rise ta immediate cause	(0).	(b)	CEOUENCE OF		2-72	end	and and de	- 0	ye
equires that the d physician. signed by the atte burial-transit perr burial, cremotion,		stoting the underlying c	ouse	TO, OR AS A COL	AZEGNENCE OF						
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Par si pa		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
× i pe die	NO	19a. DATE OF OPERATION	Tinh COMPITIO	N FOR WHICH OPE			20a. AUTOPSY?		20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIEVING
The low re ottending has been se as the h prior to	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	19d. DATE OF OPERATION	176. CONDITIO	N FOR WHICH OFE	KATION WAS PEKI	OKMED		0.57	CAUSES OF DEATH?	CONSIDERED IN CER	THE THOO
ATTENDING PHYSICIAN: The low restained by the hospital or ottending CTOR: After this certificate has been should be detached for use as the rith the State Dept. of Health prior to	CERTIFICATION	210. ACCIDENT WAS UNDI	PIVING 21	. TIME OF INJURY		21. 404		(Enter nature	af injury in Part 1 or Port 2	ltom 19)	
A He for the He		OR CONTRIBUTING CAUSE	OF DEATH- HC	UR A.M. Mant	h Day Yeor	ZIC. HOW	INJURY OCCURRED	(cilier lidiore	al injury in Part 1 of Port 2	c, Helli 16.)	
Signature Signat	MEDICAL	(If either, notify medical of	examiner)	P.M.	19	DV 1 016 106	TION C D.F.F.	D. M.	Ch T	f	Chada
ho h	-	21d. INJURY OCCURRED While Not while at wark of wark	21e. PLACE OF	INJURY OFFICE B	UILDING, ETC.	211. LOCA	TION Street ar R.F.C	D. No.	City or Tawn	County	State
ted the party		at wark ot wark	0 (1)	. 1) 1 1	4 1			10 6 6		0 6 1 1 1	1) /)]
by by Stal	10	22a. I certify that ((this hasp	tal) affended	the deceased	Fram	that in /my) four	aninian d	eath occurred on the	ya >, mar (1) (ve) last
R: Re the the		causes stated o	bave, (1) Tw	e) (did) (did no	t) view the be	ady after de	ath.	, apinian a	edili occolled oli ille i	adie dila noor di	id from the
ATTENDING retained by th ECTOR: After th 3 should be de with the State		22b. SIGNATURE)	,	7			ALED.	22	c. DATE SIGNED	
A S S S S S S S S S S S S S S S S S S S		Contract	to	PI	- 001	DEGREE	> ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Rue 12.1	968
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ERA DE		NAME (Type)	John S	. Roger	2	SET S	1919 5	emina	ry Rd., Silve	er Spring	Md.
O HOSPITAL OR Page 4 may be 1 O FUNERAL DIRE director, page 3 should be filed v	230	BURIAL, CREMATION,	23b. DATE		23c. NAME OF CE				LOCATION (City or Town)	(County)	(State)
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health		SEMOVAL (Specify)	June 1	6,1969	Parklo	wn Cen	etery	Ro	ckville, Mon	itgomery,	Md.
VRAISHUD	24	TUMERAL OTRECOR C.	guen	8434	100 PERE	Avenue	2Sa. RE	C'D BY REGIS		R'S SIGNATURE	
30M REV	W	arner E. Pum	nhacu	Inc. Si	luer Si	rina.	Md. DATEU	N 18	1969 Julia	LEND ALLEN	



121		08641	DIVISION OF VITAL RECORDS	S. 301 W PRESTON STREET		YLAND 21201	
	It			CERTIFICATE OF DE			8635
± −2±	1. D	ECEASED-NAME First	ANT OFF OFF OOT OFF	Lost	20. DATE OF E	DEATH	2b. HOUR
deo anc deo		Type or print) LISA	q M	MINIE	R	Month Doy	Yeor 69 3:15 M
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hour hour		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		DEATH	
filled ig paper thin 72	W.	CITY OR TOWN OF DEATH	J. NAME OF HOSPITAL OR	WIDOWED DIVORCED NSTITUTION (If not in hospital 1)	20. USUAL OCCUPATION (10/1/1	Md.
within 24 hours after deoth letely filled in by the funeral corbon papers. Pages 1 and 2 nat, within 72 hours after deoth		SILVER SO	RIN9 Give street oddress)	ROSS. HOSP.	during most of working li	fe, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
E 93 13	odm	ission) STATE	sed lived, if institution: Residence befor		NO 19/	EET AND NUMBER	H KINDLY CT.
ex remure non	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN		Middle	Last
te be	160	WAS DECEASED EVER IN U.S. AR		YNO. 17. INFORMANT	Janie	Wah	Wong
iffica hysic n ple vol, c		'es, no, ar unknown) (If yes give	war or dates of service)	_		77441655	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a may be retained by the haspital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and seguirector, page 3 shauld be detached for use as the buriol-transit permit. Then please remoshould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUST	nly one couse per line for (a), (b), and (D BY: ATE CAUSE (a)	resporatorn	lailees	,	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne de permente permete permente permente permente permete per	1	3209	DUE TO, OR AS A CONSEQUENCE C	F .		,,	28 HRS.
ot the Insit		Canditions, if ony, which gave rise to immediate couse (o),	(b)	umqitis -	organiso	n unanow	20 11/2.
es # es # es bidicion		stoting the underlying cause last.	(c)		V		
require signer of purion o	18	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN	IN PART 1(a)	
the law ottendin has been the rise of the harm has the harm has been the contract of the harmon has the harmon har	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?		YES, WERE FINDINGS CONS OF DEATH?	SIDERED IN CERTIFYING
I or or us us lealth		210. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRE	_	in Part 1 or Part 2, Iter	n 18.)
SICIA Spita spita ed fe ed fo	MEDICAL	(If either, notify medical exam	iner) P.M.	19			
G PHY the ha this a detoch	~	While Nat while at work at wark	OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or f			County Stote
DING J by After J be Stat		22a. I certify that (I) (the saw the deceased to	nis haspital) attended the decea alive an	sed fram	_ , 19 , ta	curred on the date	, that (I) (we) last and haur and fram the
OR: OR: h the		causes stated abav	e, (I) (we) (did) (did nat) view th	e bady after death.			
RECT 3 st	0	22b. SIGNATURE	Russ Pla W	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. \square 22c. DAT	TE SIGNED
AL O by bo NL DI NE DI filed		22d. PHYSICIAN'S	mulan "	22e. ADDRESS	UIKECTOK W	rnis.	, 01
SPIT 4 m NER		NAME (Type)					
Page To Ful direct shou	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORY		(City or Town)	(County) (Stote)
	24.	FUNERAL DIRECTOR EXPLOS	0-11-09		REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIG	
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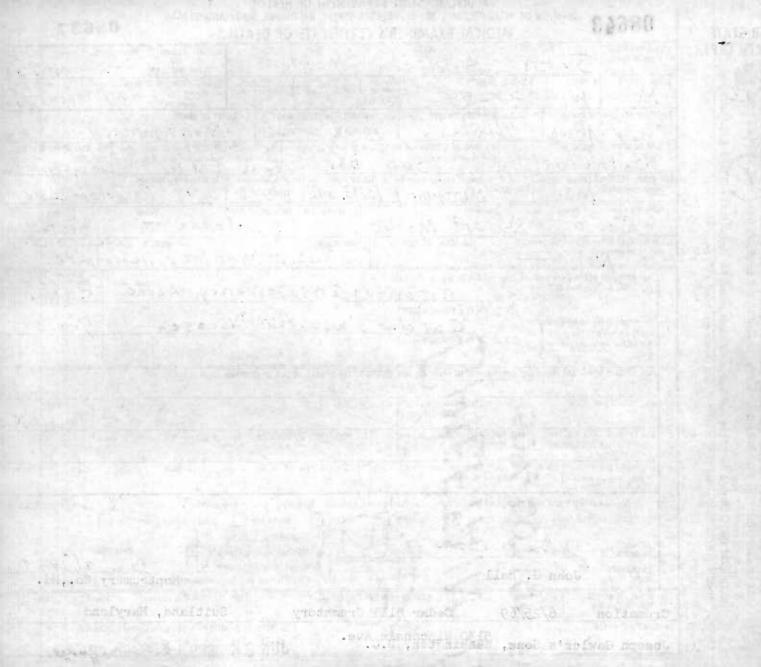


			D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTII		
	08642		CERTIFICATE OF DEATH	0863	36
death.	1. DECEASED-NAME First (Type or print) Eliz	abeth None	Nitchell	20. DATE OF DEATH 06 Manth 29 Day 69 Year	26. HOUR
e se se	3. SEX Female	4. RACE Negro	S. DATE OF BIRTH 08/04/188	6. AGE (In yeors IF UNDER 1 YEAR	R IF UNDER 24 HRS.
in in 2 h	7a. BIRTHPLACE (State or foreign country) Maryland	76. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
completely filled ove corbon pape y event, within 7	10. CITY OR TOWN OF DEATH Wheaton	11. NAME OF HOSPITALOR IN: give street address) Uni 901 Arcola	TITUTION (If not in haspital 12a. USUAL	Montgomery County OCCUPATION (Kind of wark dane Industry Housewife eyen if retired.)	OF BUSINESS OR
sicion ond completely f please remove corbon , and in ony event, with	13a. USUAL RESIDENCE (Where decease admission) STATEWashing	ed lived if institution. Residence before	13c. WIY OR TOWN 13d. INSIDE CITY LIM YES NO	ITS? 13e. STREET AND NUMBER	, N.W.
in on	14. FATHER'S NAME First Charles	Middle Lost Bowman	15. MOTHER'S MAIDEN NAME Fire	st Middle	Last
val, and	16a. WAS DECEASED EVER IN U.S. ARM Yes, No. or unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURITY I	10. 17 INFORMANT DAUGHT		5 8 15
director, page 3 should be detoched for use os the burial-transit permit. Then please remo should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in ony	Conditions, if any which gove rise to immediate couse (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CON 196. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER	OT RELATED TO THE TERMINAL DISEASE OR CO. LIVE JOB AUTOPSY? YES NO NO	NDITION GIVEN IN PART I(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH?	R ONSET AND DEATH REAL STATES OF THE STATES
te Dept. of hed	GOVERNMENT OF CAUSE OF DEAT (Iff either, notify medical examing 21d. INJURY OCCURRED 21e. While Not while at work at wark at wark	HOUR A.M. Manth Day Year P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	(ORY.) 21f. LOCATION Street or R.F.D. No.	nature of injury in Port 1 ar Part 2, Item 18.) City or Town Caunty	State
with the Sta	22a. I certify that (I) (this saw the deceased all causes stated abave 22b. SIGNATURE	s haspital), attended the decease ive an (1) (we) (did) (did nat) view the b	oody after death.	on death occurred on the dote and have	at (I) (wé) las ir and from the
should be filed with the	22d. PHYSICIAN'S NAME (Type)	4 B Bell	M DEGREE PHYS. DIRI	Shinoton D.C.	169
A15 (4)		.3.69 LINCOL 1820 RES	N MEM CEM	23d. LOCATION (City or Town) (County) SULT AND MARYLANI REGISTRAR 250 DEGISTRAD'S SIGNATURE	(Stote)
M - 1/69	woten of male	WASGHI	NGTON, D. C. BATE- 1	1969 Julianes July	

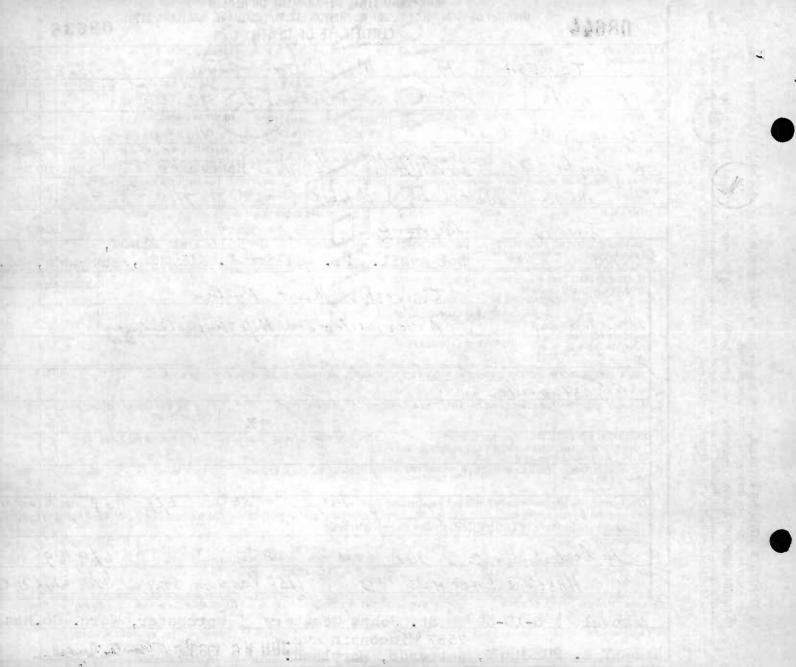


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08637 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN (Type or Print) ESTI-Moh Page DEATH MATED ment of 3. SEX 4. RACE AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED form WIDOWED K DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY Give death. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Bethesda YES NO KOSPILZ poges lond 2 ofter 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Mobler hours pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within within 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit lio Vascular Disease. Conditions, if ony, which gove rise to immediate couse (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [pe 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote moy be retoined for your FUNERAL DIRECTOR: Page foctory, office building, etc.) NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my opinion Notural couses deoth resulted from: Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 n. TO FUN Heolth **EXAMINER'S** John G. Ball ADDRESS(Street, city, town, or county) Montgomery Co., Md. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cremation Suitland, Maryland 6/25/69 Cedar Hill Crematory 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Washington, D.C. VR A15ME (5)

MAKTLAND STATE DEPAKTMENT OF MEALTH

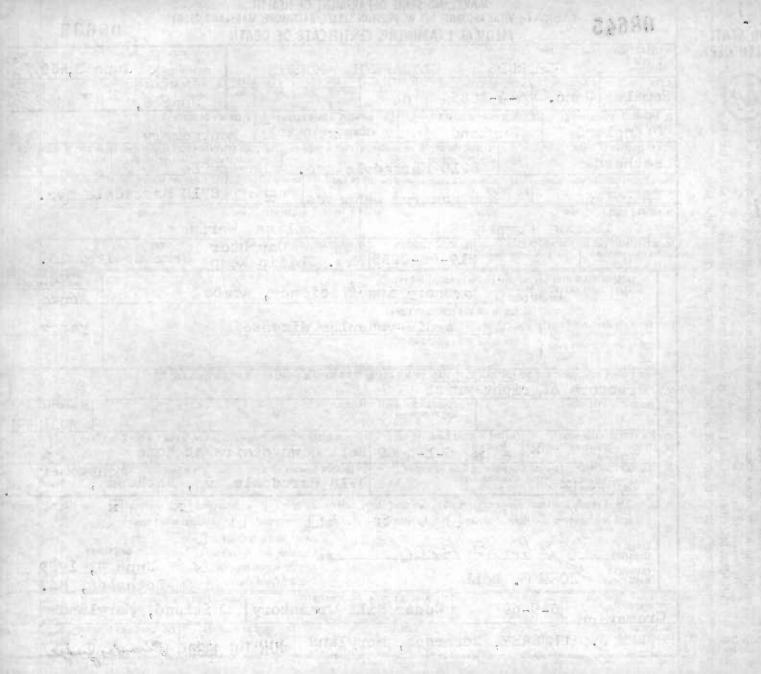


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10		-30	08644	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	00000
,		-99	いいのほど		CERTIFICATE OF DEATH		08638
	± -2 ±		EASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	after death. he funeral ges I and 2 ofter death.	(I)	pe or print) TERE	SA F.	MORIARTY	June Manth Day	1969 6:30 PM
	fur fur ter	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	24 havrs after death		F-e male	white	October 3	0 1888 lost burnday) YRS.	MONTHS DAYS HOURS MIN
	haurs haurs	7a. Bl	rv)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	d in der		M.SA. (Mass)	W. S.A.	WIDOWED DIVORCED	Montgome	ry County Md.
	il fil grid	10. CI	Y OR TOWN OF DEATH Kensington	11. NAME OF HOSPITAL OR III give_street address)	NSTITUTION (If not in hospital) 120. USUA during mo	L OCCUPATION (Kind of wark done opt of warking life, even if retired.)	2b. KIND OF BUSINESS OR INDUSTRY WIN Home
	Sietel Man	13a. L	SUAL RESIDENCE (Where decease	d lived, it institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIV	MITS? 13e. STREET AND NUMBER	OWE ELOUIS
	omplet event,	aamis	sian) STATE Many land	13b. COUNTY gomes G	Bethesda YES I NO	17/10 Ex	eter Rol Bell.
	IAN: The law requires that the death certificate be exected at an attending physician. It is a been signed by the attending physician and contact has been signed by the attending physician and contact use as the burial-transit permit. Then please remay the alth priar to burial, crematian, ar remayal, and in any executions.	14. FA	THER'S NAME First	Middle Last/	IS. MOTHER'S MAIDEN NAME FI	rst Middle	Last
	d in d		Timothy	- Morian	-K M:	ary	Lucey
	physician en please aval, and	16a. \	VAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT	5516 Oak Palace	,
	hys n p val,	Te	s, na, ar unknown) (If yes give war	or dates of service) Not Ava:	il. Mr. William	P. Kilmain, B	ethesda. Md.
	requires that the death certificate be g physician. n signed by the attending physician ar e burial-transit permit. Then please roburial, crematian, ar remaval, and in		B. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ne death cei attending p permit. The ian, ar rema		PART I. DEATH WAS CAUSED	DV	estive Heart P	ailur	CENTER ORDER AND DEATH
	e de arte errr an, o		4122	DUE TO, OR AS A CONSEQUENCE OF			
	the the usit purity matric		anditions, if any, which gave		vioscle of one Hyla	ertens wie Cardwa	u
~	that in. oy t ans rem		ise to immediate cause (a), (tating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	- 1	Bu	
23	The law requires that aftending physician. has been signed by se as the burial-transh priar to burial, crem		ast.	(c)			
18	phy sign suri		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
1,	ng en he to		01-1	enferetes :			
11	The law attendin has bee as the priart	ATIO	9a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	The aft	CERTIFICATION			YES NO 🔀	CAUSES OF DEATH?	
	ar ate		la. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 1B.)
	af He fee	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH If either, natify medical examine	HOUR A.M. Manth Day Year	9		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to		21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
	te D		While Nat while twark at wark	A CONTRACTOR OF THE PROPERTY O			
	by Affe by Sto	4	(2a. I certify that (I) (this	haspital) attended the deceas	sed from, 19_3 1962, and that in (my) (aur) apir	8, ta 6/9, 19	6 p, that (I) (we) last
	the the		causes stated above,	ve an	bady after death.	iidii dediii accurred an the ad	ire and naur and tram the
	is CO et al.	2	2b. SIGNATURE			22c.	DATE SIGNED /
	ed w		Habeel S	acelus hul	DEGREE PHYS.	ED. STAFF RECTOR PHYS.	6/9/69
	At Dodg of File	2	2d. PHYSICIAN'S	D	22e. ADDRESS		11/1
	SPITAL 4 may NERAL C tar, pag Id be fill		NAME (Type) HABE	EB BACCHUS,	MI) 1150 VA	RNUM STREET,	NE Week & C
	Page 2 O FUN directe shaul	23a. I	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
1-05	5 5 5 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	- 1	REMOVAL (Specify) 6.	-10-69 St.	Johns Cemetery	Worcester, W	lorc. Co.Mass
	ATT TO STATE OF THE STATE OF TH		JNERAL DIRECTOR		Sconsin Asra 250. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	VR A15 (4) 45M - 1/69	RO	BERT A. PUM	PHREY, Bethesd	a Maryland WN 1	6 1969 Jeliane	o Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08639 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy (Type or Print) OF ESTI-GERTRUDE June 8,1969 ELIZABETH MORRIS IF UNDER | YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c DATE PRONOUNCED DEAD Female 6-4-1885 Cauc. 84 pages 1 and 2 with the State Depa 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) England England WIDOWED 3 DIVORCED | Montgomery Item 18. Give Pages Office along with far 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Bethesda Hartsdale Ave. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 8718 Hartsdale Ave. YES NO Montgomery Bethesda IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Eliza Thomas Waring Count the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Daughter ADDRESS (Yes, no, or unknown) 219-48-0235 Mrs. Philip Kemp Same as Item 13. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: Coronary insufficiency, acute IMMEDIATE CAUSE (a) Acute DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave Cardio-vascular disease vears rise to immediate couse (o), plnods the word DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse shauld be forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) certificate Fracture of right wrist remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔲 pe 3 should b P 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY. OR CONTRIBUTING HOUR A.M. Fell down stairs at home 6-1-19 69 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED ° City or Town Morfemomerystote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 8718 Hartsdale Ave. Bethesda, 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection | Inquiry and in my opinion death resulted fram: Natural causes . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE June 8, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health, JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory Suitland, Maryland 23a. **BURIAL**, CREMATION, 23b. DATE 6-9-69 REMOVAL (Specify) Cremation ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

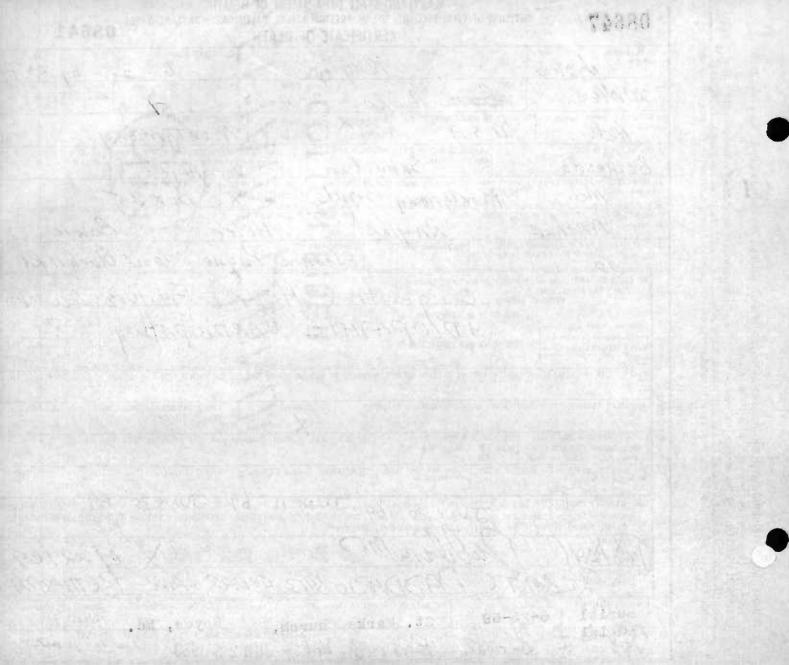


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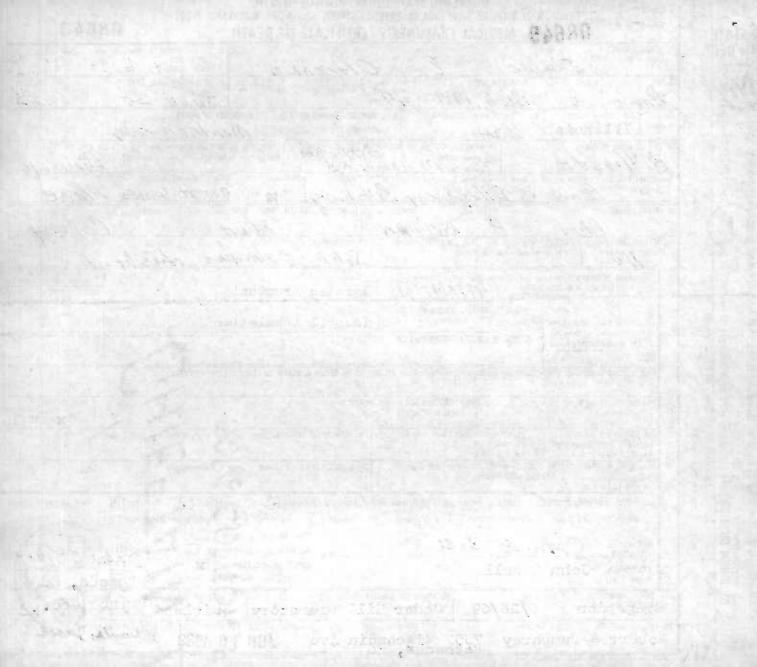
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-		CERTIFICATE OF DEATH 086	41
_	. 24	DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
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	5 5	SEX 4. RACE 6. AGE (In years IFUNDER 1	
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- I	by Pour	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	within	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kild of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	IND OF BUSINESS OR
13	N Sport	Detresca Suburban knemplaged.	
requires that the death certificate he executed within 24 hours after death	the attending physicion and completely filled in by the funerol sit permit. Then please remove carbon papers. Pages Land nation, or removal, and in ony event, within 72 hours after death	b. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CHY OR TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13b. COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13b. COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13b. COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13b. STREET AND NUMBER 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13c. CHY COUNTY of TOWN 13d. MISIDE CITY LIMITS? 13d. MISIDE CI	
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	an. by the attending physicion fronsit permit. Then please cremation, or removal, and	NO Eleanor rayne - 12018 Mue	APPROXIMATE INTERVAL
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+ 0	y th onside	rise to immediate couse (a), (b).	
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, E	or o or	YES NO COURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.)	
NAI	rificote had far use of Heolth	or contributing cause of Death HOUR A.M. Month Doy Yeor	
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_ GN	Allend stained CTOR: A shauld ith the S	22a. I certify that ((1) this haspital) attended the deceased from JONE 11, 1967, to JONE 20, 1967, saw the deceased alive an JONE 20, 1967, and that in (my) (aur) apinian death accurred an the date and causes stated above. (1) (we) (did pot) yiew the bady after death.	haur and fram the
0	retained ECTOR: A 3 shauld with the	22c. DATE SIGNATURE 22c. DATE SIGN	
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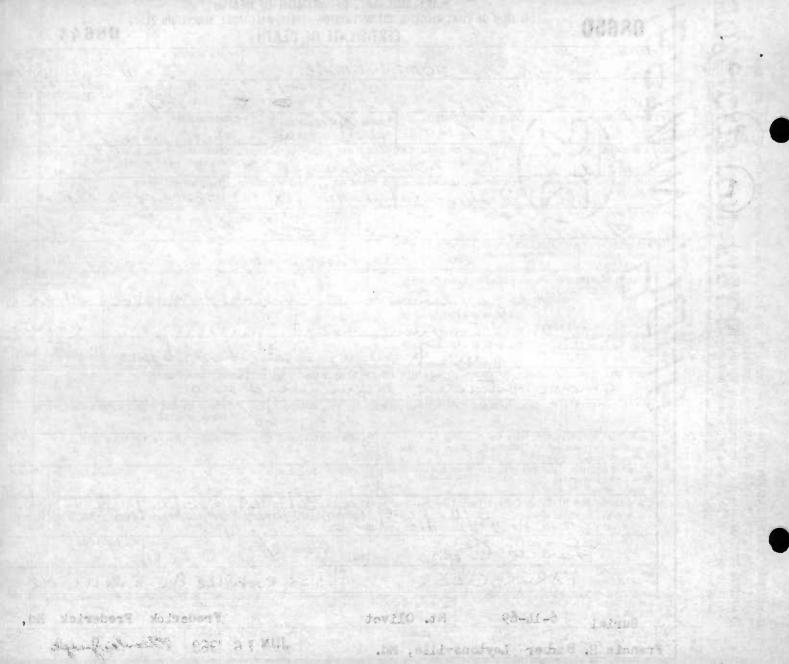
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08648 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH that the deoth certificate be executed within 24 hours after death. s. Pages 1 and 2 hoors after death. 2b. HOUR by the funeral (Type or print) Month 00 0500 den 3. SFX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS DAYS 82 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Korbon poper U.S.A. WIDOWED [7] DIVORCED Marvland Montgomery and reampletely filled and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) Bethesda burban Hosp. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Bethesda YES NO remove 5606-Greentree Rd. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Richard H. Oden Mary Ellen Case 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT 5606-Wreentree Rd. Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, or removal, 579-05-2971 Joseph E. Oden APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebro - V IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-tronsit rise to immediate couse (o), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 14-01 has been detached for use as the te Dept. of Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOASY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [NO N TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 4 may be retoined by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Dov Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 5, 1957, ta fine 4, 1967, that (I) (we) last saw the deceased alive an 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (d/d) (did nat) view the bady after death. with the 22b. SIGNATURE MED STAFF director, page 3 should be filed v DIRECTOR PHYS. TO HOSPITAL C 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) G. B. Hunter 230. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town)
Bladensburg, 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAK (Specify) 6-6-69 Ft. Lincoln Cemeterv 24. FUNERAL DIRECTORODERT A. PUMPHTE YDDRESS A. Md. 7557-Wisconsin Ave., Bethesda, Md.

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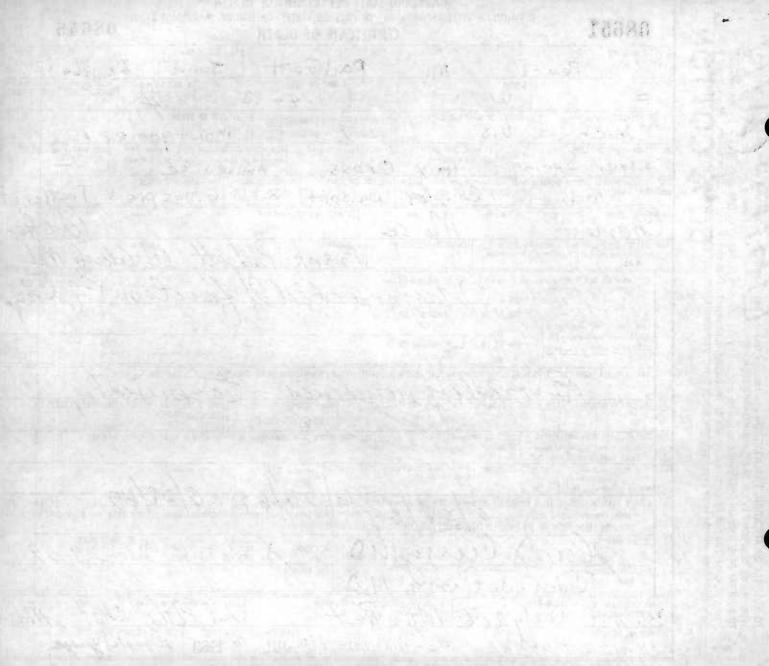
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DEPT.	DECEASED-NAME First Middle Lost 2a, DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
-	ELAINE E. OHMANS DEATH MATED &	25 1967 12 XM
	SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lest birthday) MONTHS DAYS HOURS MIN. Worth Day FEMALE W DLC 5 1919 4 YRS.	Year 1969 22 5 M
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	admission) STATE PENN 136 COUNTY/REGARENCE PEHS DELIGA YES WO 1 937 St JAMES	Plane
14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Const Au.
160	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service)	Como Ag
7	NO JOHN OHMAN'S HUS bas	APPRDXIMATE INTERVAL
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dny ev	Conditions, if any, which gave rise to immediate cause (a), (b) Isupril inhalation	
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
TIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
RIF	WAS PERFORMED?	YES NO 🗆
MEDICAL CE	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	m 18.)
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
	220. I certify that I took charge of the remains described above, held on Autopsy 🔼, Inspection 📝 Inquiry 🗵	ond in my opinion
100	death resulted from: Natural causes 🖾, Accident 🔲, Suicide 🔲, Homicide 📄, Undetermined manner	
2	ACTUAL SIGNATURE ON B. Ball CHIEF MEDICAL EXAMINER (122b_DATES)	IGNED OF 18
2	EXAMINER'S John G Ball DEPUTY MEDICAL EXAMINER &	ar 2011969
00	NAME (Type) ADDRESS(Street city frown or county)	sda, Md
	Carry Con 6/26/69 Cedar Hill Crematory Suitland The	ce Geo. Md
	Robert A Pumphrey 7557 Wisconsin Ave DATE JUN 3 0 1969	an Judge



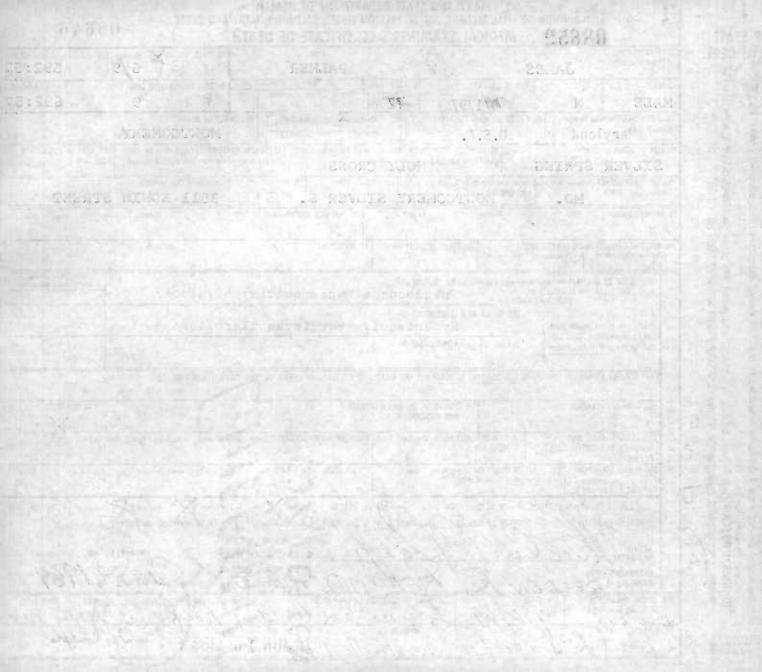
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PHYSI he hosp this cer detached e Dept.	21d. INJURY OCCURRED While Not while of work of work	Y (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town County State
IDING d by t After d be c	22a. I certify that (I) (this haspital) a saw the deceased alive an	ttended the deceased from 6/3/, 1962 1964, ond that in (my) (our) opin d) (did not) view the bady after death.	9, to 6/11, 1969, that (I) (we) lost ion deoth accurred on the date and hour and from the
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: rector, page 3 shauld hauld be filed with the	22b. SIGNATURE Lawle (ATTENDING ME	D STAFF D 22c. DATE SIGNED
TO HOSPITAL OR Page 4 may be TO FUNERAL DIRI director, page 3 shauld be filed v	22d. PHYSICIAN'S FARUK	22° ADDRESS	kville Pike Rockville, Md.
TO HOS Page 4 To FUN directe shauli	23a. BURIAL, CREMATION, REMOVAL (Specify) 6-11-69	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City or Town) (County) (Stote) Frederick Frederick Md.
VR A15 (4) 45M - 1/69	24. FUNERAL DIRECTOR Francis H. Barber Lay	111M a	REGISTRAR 25b REGISTRAR'S SIGNATURE 25b REGISTRAR'S SIGNAR'S SIGNATURE 25b REGISTRAR'S SIGNATURE 25b REGISTRAR'S SIGNATURE



	ANT DESCRIPTION OF		MAKILAND STATE DEPARTMENT O		
11	-	DIVISION	OF VITAL RECORDS, 301 W. PRESTON STREET, B.	ALTIMORE, MARYLAND 21201	0001=
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	まってす	3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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	in a la l	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital durin	USUAL OCCUPATION (Kind of work done ag most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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	physician and con please removal, and in any	6 7 /	11/1	THE THIS	11/1/6
	d se se	CIOYIES	Morse	2	Woutle
	cate Sicional People Pop	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service)	16b. SOCIAL SECURITY NO. 17. INFORMANT	Address Address	11/1/11/
	tifi Value	No	1 rank 1	adgell Wall	doy-41 11kl.
	a He B	1B. CAUSE OF DEATH (Enter only one couse p	er line-for (o), (b), and (c).)	0/1/1	PROXIMATE INTERVAL BETWEEN ONSEVAND GEATH
	ath idin	1B. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:	Managarbiel	manetim	3 Na.
	attending permit. The	IMMEDIATE CAUSE (o)	July ocuración y	Marie Colony	1 orang
	he a di	Conditions, if ony, which gove	OR AS A CONSEQUENCE OF		
	requires that the death certificate be executed physician. signed by the attending physician and comples burial-transit permit. Then please remave call burial, crematian, or remaval, and in any event	rise to immediate couse (a) (b).			
	equires tho physician. signed by burial-tran burial, crer	stating the underlying cause DUE TO,	OR AS A CONSEQUENCE OF		
13	the low requires the attending physician has been signed by se as the burial-train harior ta burial, cre	last. (c)			
al	qui ohy ign ign ouri	PART 2. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0) ~	1
0	ding leen s	- 02m	elest appropriate	- Tosmin	al
1	or the	19g. DATE OF OPERATION 119b. CONDITION FO	WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	206 JE YES WERE FINDINGS	CONSIDERED IN CERTIFYING
A.	attending has been se as the th prior ta	2		CAUSES OF DEATH?	
		19a. DATE OF OPERATION 19b. CONDITION FOI		_	2 (- 18)
	de cat	21a. ACCIDENT WAS UNDERLYING 21b. TIMES OF CONTRIBUTING CAUSE OF DEATH HOUR		(Enter noture of injury in Port 1 or Port 2	!, Ifem IB.)
	日報道書	(If either, notify medical examiner)	P.M. 19		
	PHYSICIAN: le haspital or his certificate stacked far u Dept. af Heo	₹ 21d. INJURY OCCURRED 21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D.). No. City or Town	. County State
	DING PHYSICIAN: I by the haspital or After this certificate be detached far u State Dept. af Heoli	While Not while of work	COTACE BOILDING, ETC.	0/- 0/1	
	TENDING ined by the OR: After the ould be dient the State	22a. I certify that (I) (this haspital)	attended the deceased from O Mol.	6 5 to 6/21/6	99 , that (I) (we) la
	Aft by St. St. St. St.	saw the deceased alive an	1 /2 () 19 G and that in (my) (bur)	apihian death occurred an the	
	TEN Teles	causes stated above, (I) (we) (c	nd) (gidenat) view the bady after death.		
	P Short	22b. SIGNATURA	7	220	C DATE SIGNED
	OR ATTENE be retained DIRECTOR: A e 3 shauld ed with the	XXXIII X	CUSSIN DICKEE PHYS.	MED. STAFF DIRECTOR PHYS.	1-29-69
	y b d y believed	22d. PHYSICIAN'S	- C 22e, ADDRESS	DIRECTOR 11113.	
	ZAI SAI SE P	NAME (Type)	Lunde MD		
	NE Tar	JONIN UT	carry min.		
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the Control of FUNERAL DIRECTOR: After director, page 3 should be called with the State	23p BURIAL, CREMATION, 23b. DATE.	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Jown)	(County) (State)
	5 5 5 W	DUVIAL NOCITAL	1764 IVIT. NEST	ha Tlald,	13. 111d.
	VR A15 (4)	24. FUNERAL DIRECTOR			R'S SIGNATURE
	30M REV. 1/68	HUNTT FUNEKI	FCHONE-WALDORF, MD. WHI	2 1969 yolian	cas judge



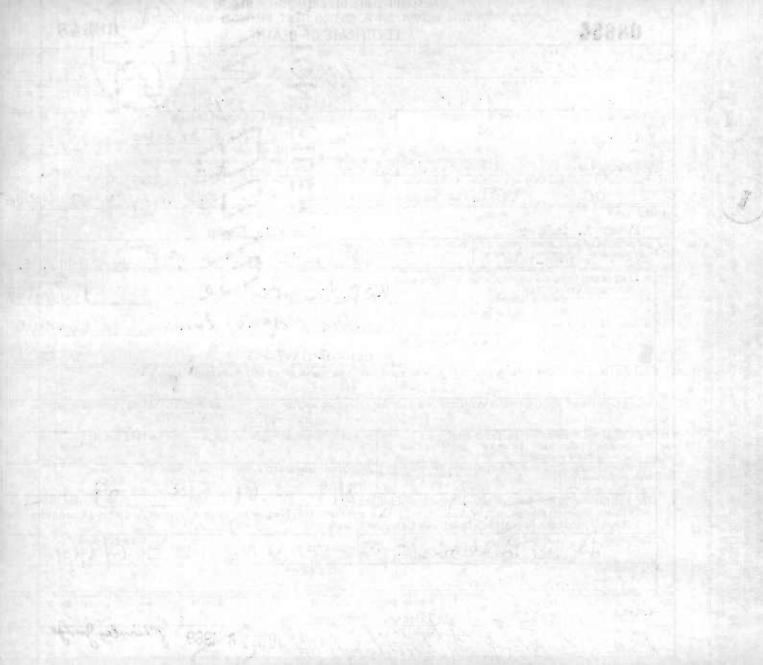
1 3	Items 18&22a Film 415 MARYLAND STATE DEPARTMENT OF HEALTH S11-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.1.0
FOR STATE	08652 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	646
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI- DEATH MATED 699	Yeor 2b. HOUR
	2 SEV A DASS OF DIRECT OF DIRECT OF DIRECT OF DIRECT OF DIRECT OF DAYS DOCUMENTS OF DAYS DAYS DOCUMENTS OF DAYS DAYS DAYS DAYS DAYS DAYS DAYS DAYS	2d HOUR
any delocation 2, messare PM33.00	MALE N 124/1/97 1. AGE (In years in order 1 take it order 2 inks. 2c. Date PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Dogs	Year 19 692:5W
dn) 1, 2, n P	76. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
es l forr forr	COUNTRY) Maryland U.S.A. WIDOWED DIVORCED MONTGOMERY	Md
hours offer deoth Tem 18. Give Poges 1, Office orlong with form 1 ond 2 with the State De offer deoth.	SILVER SPRING give street address) HOLY CROSS during most of working life, even if retired.) INDU	KIND OF BUSINESS OR USTRY
hours ofter them 18. Give Office chong ond 2 with th offer deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE MD. 13b. COUNMONTGOMERY SILVER S. YES NO 3511 EDWIN STATE MD.	TREET
mind 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
		1031
hin ncil nine page hou	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Alfa a la la
ed with the in period of the in period of the in 72 in 72	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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exe endi it pe	DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chief rans	Conditions, if ony, which gave ise to immediate cause (a). (b) Hypertensive cardiovascular disease	
on on	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF last.	
tote should the wed to the so buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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is certificate s te, writing the forworded to e used os o bu removal, ond i	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth. Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 1	20. AUTOPSY?
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海力 型 。	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1) 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1)	8.)
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	22a. I certify that I taak charge of the remains described above, held an Autapsy A Inspection A, Inquiry	and in my opinion
ical E executor. Por ed for CTOR: Fouriol,	death resulted from: Natural causes 🐼 Accident 🗸 Suicide 🔲 Homicide 🔲 Undetermined monner 🔲	
pleose expleose expleose expleose expleose expleose expleose to birector.	CHIEF MEDICAL EXAMINER	
XV	SIGNATURE LELLEN & SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	ED
D = 0 7 1 1	EXAMINER'S NAME (Type) BOLD OF ADDRESS TO COUNTY) STATE OF THE PROPERTY OF COUNTY)	1969
necessor the fun 5 may 70 FUNE Heolth	NAME (Type) 230. BURIAL CREMATION, 23b. DAJE 23c. NAME OF CHMETERY OR CREMATORY 23d. LOCATION (Cry or Town) (Cou	enty) (State)
	REMOVAL (Specify) 6/12/69 Lyund Warb (Emily Rocker) (C)	Wents MIG
VR ATSME (5)	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY/REGISTRAR 25b. REGISTRAR'S SIGN ADDRESS ADDRESS 250. REC'D BY/REGISTRAR 25b. REGISTRAR'S SIGN ADDRESS	YURE /
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ours ours	70	Male BIRTHPLACE (State or foreign	7h CITIZEN OF	WHAT COUNTRY?	18	3/28/187		91 YRS.		
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in 24 Hin 24 hin 72 hin 72	10.	ildress. Va	I USA	1. NAME OF HOSPITAL OR IN	-		ISUAL OCCUPA	TION (Kind of work done	12b. KIND OF BJ	Md.
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amplete ve cark	130	USUAL RESIDENCE (Where de	ceosed lived, if inst	titution: Residence before	13c CITY OR	TOWN 13d INSIDE CI	TY LIMITS? 13	e. STREET AND NUMBER		
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and co	14.	FATHER'S NAME First	Middl			MOTHER'S MAIDEN NAM		Middle		Last
Se d in de		Samuel					Marth	a	Amme	en .
requires that the death certificate be executed within 24 haurs after death g physician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 a burial, crematian, ar remaval, and in any event, within 72 hours after death		. WAS DECEASED EVER IN U.S. Yes, na, ar unknown) (II yes	ARMED FORCES? give war or dates of service	16b. SOCIAL SECURITY	7	awey R, Pa	lmer	R-518 Hopew	ell, news	ersey
th certifi Jing phy Then remava		18. CAUSE OF DEATH (Ente	r only ane couse pe	er line for (a), (b), and (c	.)	-	. 1		APPROXIMA BETWEEN ONS	TE INTERVALE
ar re		PART I. DEATH WAS CA	.USED BY: NEDIATE CAUSE (a) _	Cardia	c d	e compens	ation		1 h	10
an, an		4409	DUE TO, (OR AS A CONSEQUENCE OF		4				
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equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar rem		stoting the underlying cau		OR AS A CONSEQUENCE OF						
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te law re tending as been as the priar tak	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS P	RFORMED	20a. AUTOPSY?		b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING
The affe has see of the p	E					YES NO	X C	USES OF DEATH?		
ICIAN: The pital or at trifficate had far use of Health		210. ACCIDENT WAS UNDER		E OF INJURY M. Manth Doy Year	21c. HC	W INJURY OCCURRED (E	nter nature of	injury in Part 1 ar Part 2,	Item 18.)	
pita pita pita pita of f	MEDICAL	(If either, natify medical ex	aminer) P.	M. 1	9		- 199			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	W	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJUI	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LO	CATION Street or R.F.D.	No.	City or Tawn	County	Stote
OR ATTENDING De retained by the URECTOR: After the 3 should be ded with the State		22a. I certify that (1)	(this haspital)	attended the deceas	ed from	1961 , 19), ta	June 17, 19	69 , that (l) (we) last
END ed led lid k		saw the decease	d glive on J	id) (did nat) view the	19 <u>69</u> , and	that in (mv) (aur) o	apinian dec	th accurred on the d	ate and havr ai	nd fram the
A ATTENI retained ECTOR: A 3 shauld with the		22b. SIGNATURE 1	uve, (i) (we) (u	(ala har) view ine	bady affer a	leath.		226	DATE SIGNED	
DOR IRE IRE d w		Ben	net li	(Vorte) "	D DEGR	EE PHYS.	MED. DIRECTOR	CTAFF C	une 17,19	369
PITAL OR may be may be RAL DIR		22d. PHYSICIAN'S	1-1	D+11-		22e. ADDRESS	1 11	121 01		1
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O HOSPIT Page 4 m O FUNERA director, I shauld be	23 a	DEMONIAL (C	3b. DATE	23c. NAME OF	CEMETERY OR	-		ATION (City or Town)	(County)	(State)
5 5 5 P	1		JUNE .	1969 HIGH	THALL	CEM	Ho	PEWELL,	NEWS	EKSEP
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				MARYLANI	STATE DEPARTMENT OF	HEALTH	
12	- 1		nocks	DIVISION OF VITAL RECORDS,		TIMORE, MARYLAND 21201	08648
			08654	C	ERTIFICATE OF DEATH		00040
4	ath.		ECEASED-NAME Firs	Middle	lost	20. DATE OF DEATH	2b. HOUR
	arrer death. the funeral and 2 after death.		WILLI	Am PeTer	PALMER	Month Do	Yeor 69
	fter	3. S	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
	S T S		MALE	IVVhite	august 5.	1894 last birthday) YRS.	MONTHS DAYS HOURS MIN
	nours after death		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	78.0		VIRGINIA	USA	WIDOWED DIVORCED	MONTGOMERY	DILLATIV M
		10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST give street oddress) (S. 1825 NSG & CON U	ITUTION (If not in hospital 120. USL	IAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	and completely filler remove carban por any event, within	1	DETHESDA	NSG & CONU	ENTER during in	nost of working life, even if retired.)	US Govt.
	omplet we car event,	2.0	contract Destroyment on contract	sed lived/ it institution; Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	100 0000
	complete com	Odii	ission) STATE OC. M	13 COUNTY COLUMBIA	WASH MAGTEN YES AN	O SKS ROCKY 1	MOUNT DRIVE
	E E	14_	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
-	a = 0		Peter L. Pal		Cornelia	Ligon	
Sources that the death costilization	affending physician of service of	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO	17 INFORMANT		
9	ohys val,		es, no orunknown) (If yes give 1918	war or dates of service) —1.918	Lois Eileen Do 5108 Rocky Mon	ove, Daughter unt Drive, Hiller	est Hehts.Md.
	The Final		18. CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), and (c).)	1 1 0 1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	nit.		PART I. DEATH WAS CAUSI	D BY: ATE CAUSE (o)	he Datic tra	ilule	3 LAA OODW
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0	phy sign suri		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
	nding been s the iar tak	z					
11 3	attending physician attending physician has been signed by se as the burial-traith prior to burial, cre	ATIO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
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ż	he haspital ar this certificate detached far us 9 Dept. af Healt		210. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Port 2,	Item 18.)
5	ojtal d for	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Yeor ner) P.M. 19			
×	DIRECTOR: After this certification of the spiral part of the state Dept. of Help and the state Dept. of Help and Help an	ME	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	RY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County Stote
م	this deta	Ш	While Not while at work of work	OFFICE BUILDING, ETC.	1 3/10	0 110	10
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2	ed led ld ld lhe S		saw the deceased o	live on 19	and that in (my) (our) api	inian death accurred an the do	te and haur and fram the
	Ton thought		22b. SIGNATURE	e, (I) Tree (did) (did not) view the bo	ody after death.		
90	REC 3 s l wi		220. SIGNATURE	the court of		AED. STAFF - 22c.	DATI SIGNED, O
	od pel	- 3	22d. PHYSICIAN'S	Summer on Y		IRECTOR L PHYS. L	0/1/01
TA TA	RAI RAI Pe pe pe		NAME (Type) DAUID	A. MOROWITZ	22e. ADDRESS /		-FULL PARTY
O HOSPITAL	Page 4 may be retained by the haspital ar attending 10 FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to	22.			METERN OR CREMITORY	Long	
1	Page A FUN	230.	BURIAL, CREMATION, 23b.	4 4.	METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
-	7		FUNERAL DIRECTOR	ert of IN I LADDRESS	on National Cemete	ery Arlington	Virginia
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08655 08649 CERTIFICATE OF DEATH funeral 1 and 2 er death. 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY by the fun Pages 1 Montgomery County MARYIAND Maryland Montgomery b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Bethesda Yrs. Bethesda, Maryland ely filled in L ban papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADORESS e. IS RESIDENCE filled 5500 Prospect Placet ON A FARM? 5500 Prospect Place NO X be executed within carban 3. NAME OF Middle 4. DATE Last Month Doy Year campletely DECEASED event, William (Type or print) Pancoast, Jr. DEATH June 69 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH remave last birthday) Manths Days Hours in any MALE WHITE WIDOWED DIVORCED and 15. 1916 1Da. USUAL OCCUPATION (Give kind of wark done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Sales Manager INDUSTRY attending physician sermit. Then please COUNTRY? pup The law requires that the death certificate SALESMAN Baltimore, Md. U.S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remayal, William Sr. Myrtle Jacobs Pancoast. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 2700 Conn. Ave permit. (Yes, na, ar unknown) (If yes give war ar dates af service 214-16-8663 Mrs. Ruth Maxwell (Sister) Wash.D.C NO crematian. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral Hemorrhage by DUE TO signed l Conditions, if any, which gave (b) Cerebral arteriosclerosis hours (a) rise to immediate cause (a). DUE TO stating the underlying couse as the priar to b O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending peen last UNDET PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Health ! Coronary artery disease with coronary insufficiency NO X YES certificate for 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part N of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2D& INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om factory, street, affice blog,, etc.) Not While 21. I certify that (I) (this has red) attended the deceased from 9-14-65, 19 , 1969, that (I) last , to 6-8-TO FUNERAL DIRECTOR: 6-8- 1969, and that death accurred at 1: 30 M, fram causes and an the date stated above saw the deceased alive an p.M. 22a. SIGNATURE 22b. DATE SIGNED acorence director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 6-9-69 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 106 Irving St. N.W. Wash. D. Lawrence A. Rapee. 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Cedar Hill Cemetery 51300Wisconsin Ave 6/12/69 Baltimore, Maryland Burial 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Joseph Gawler's Sons, Inc., Washington, D.C.

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HARLOTEL , SERVICE
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1 4	- (10000			PARTMENT OF HEAL		
CTATE					ON STREET, BALTIMORI		08650
TATE	_	ECEASED-NAME	First		CERTIFICATE OF I		
EPT.			Bette E	Middle	P (2a. DATE KNOWN Mor OF ESTI-	20 100
	2.6			112abeth		DEATH MATED CO	
1	3. SI	Female whi	te Swigher 1	L,192 . AGE (In your last birthday)		MIN. Month Day	Year In 1970
	70	BIRTHPLACE (Stote or foreign	19	WINTENS OF	RS.]	yeare	30 189 8 M
		try) Pa.	76. COTIZEN OF WHAT CO		IDOWED DIVORCED	. " -1	0 m 2 c - 2/
1	10. (ITY OR TOWN OF DEATH	III. NAME (OF HOSPITAL OR INSTITUTI		. USUAL OCCUPATION (Kind of work dar	Mu.
0		Potomoc	give street	oddress)		ing most of working life, even if retired Housewife	
15			leceosed lived, if institution:	Residence before 13c. Cl		ITY LIMITS? 13e. STREET AND NUMBER	1 01
0	a	dmission) STATE	13b. COUNTY Mer	itgamery B	ethersy a YESK	1 NO 5710 UUI	rbin Kd
1	14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAT	ME First Middle	Last
1		Llotd		Rhinesmith		Unknown	
		WAS DECEASED EVER IN U.S. AR es. no. or unknown) (If w	MED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
		No			Vincent M. P.	arnell, Husband, S	
		18. CAUSE OF DEATH (Ent	er only ane couse per line far AUSED BY:	r (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-		IM	MEDIATE CAUSE (a)	S/117 11 6.			5mi47
		Canditians, if any, which g	DUE TO, OR AS A	CONSEQUENCE OF	stran & Cab	on Mono xide Inhi	antele
		rise ta immediate cause	(a), (4 (37)	מונון באיזא טווטו זווון	370110.1
		stoting the underlying co last.	036				smin.
33	= 1				D TO THE TECHNIAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	3/1/1/
		TART 2. OTTER SIGNIFICANT	COMPINIONS CONTRIBUTING IX	O DEATH BOT NOT KEERIE	D TO THE TERMINAL DISEASE C	K CONDITION GIVEN IN PART I(d)	
7	CERTIFICATION	190. DATE OF OPERATION	19b.	CONDITION FOR WHICH C	PERATION		20. AUTOPSY?
	IFIC			WAS PERFORMED?			YES NO NO
	CERI	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJUR	Y Manth, Day, Year	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part	
	MEDICAL	PRIMARY OR CONTRIBUT	ING HOUR A.M.	5/36 1969		fire egasoline	
4	MEC	214 IMILIAN OCCUPATO I	21e. PLACE OF INJURY (At har	me, form, street,	21f. LOCATION Street or R.F.D.	No. City ar Town	County State
	13	WHILE NOT WHILE AT WORK	factory, affice building, etc.		River Rop	d. Potomza.	Montgomen - Mid
		22a. I certify the	at I taok charge af the re	mains described abo	ive, held an Autapsy	, Inspection 🗷, Inquiry	and in my opinian
		death resulted fro				cide, Undetermined mann	ier 🔲
30			1000		CHIEF MEDIC	AL EXAMINER	
,		ACTUAL SIGNATURE	10m 3/2	fall	M.D. ASSISTANT N	MEDICAL EXAMINER 22b. D	ATE SIGNED
2		EXAMINER'S				OICAL EXAMINER	lane · 30, 1969
X		NAME (Type)				eet, city, town, or county) Montg.	
		BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETE		23d. LOCATION (City ar Town)	(Caunty) (Stote)
		Burial FUNERAL DIRECTOR	7/2/69	Gate Of H	eaven Cemeter		
00	27.		JOSEPH GAWLER'S	S SON. INC.	DATE	UL 7 1969 700	AR'S SIGNATURE
W.	-	<u> </u>	WISC. AVE., N. W. W.	ASH., D. C. 7779	DATE	0.	0

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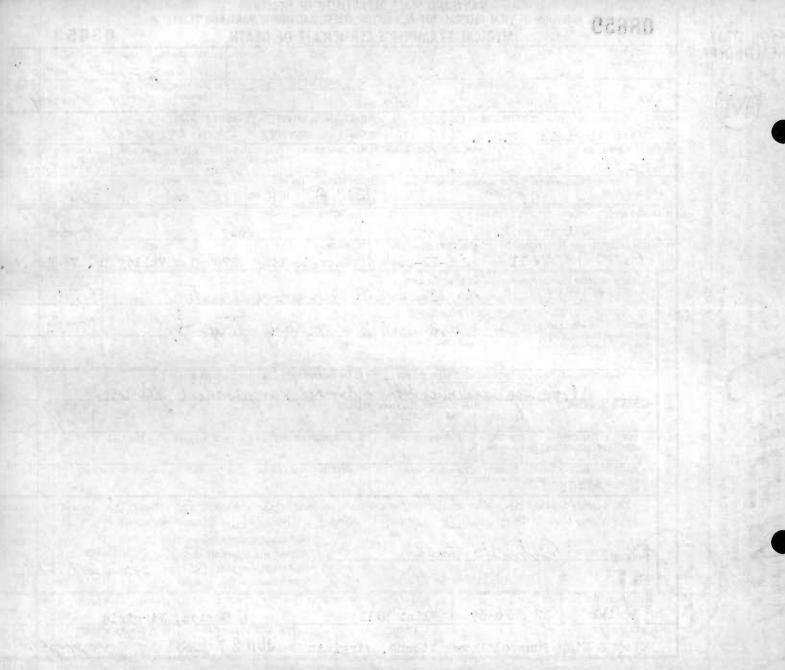
3	18		cems 586 FilmGli		STATE DEPARTMENT OF DI W. PRESTON STREET, BALTI		
F	OR STATE		08		MINER'S CERTIFICATE		08651
HE.	ALTH DEPT.		Type or Print)		iddle Last	2a. DATE KNOWN Mo	
y is	3 to		(3)	ther	Parrot 16 AGE (10 years IF UNDER YEAR	DEATH MATED X 24	ine 3 169 1/30
	PM3. Page	3. 9	Pemale White	5. DATE OF BIRTH 1895	last birthday) MONTHS DAYS	HOURS MIN. 2c. DATE PRONOUNCED DEAL Month To 13e Doy	
ny.	PM3. Pog		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	1873YRS. NEVER MAR		3 Year 1967 2 34M
	- E B		Arkansas	U.S.A.		RCED Montgomery	M.A.
oth	ages th fo	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL OR INSTITUTION (If not in hospital	12a. USUAL OCCUPATION (Kind of work do	
ofter death	Office olong with form 1 office olong with form 1 and 2 with the State Definer death	K	Kensington	give street oddress	Kensington Pkwu	during most of working life even if retire	d.) INDUSTRY home
ofter	18. Give olong			eosed lived, if institution: Resider	nce before 13c. CITY OR TOWN 13d	I. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours	d2v d2v		rather's NAME First	13h COUNTY Montgomery	Kensington		naton Parkway
	ntil in Item 18. Give Pages agree's Office olong with for pages 1 and 2 with the State hours ofter deoth	14.	FATHER'S NAME First Early	Middle	Last IS. MOTHER'S MAID	DEN NAME First Middle	Turlough
/	poges hours	160.	WAS DECEASED EVER IN U.S. ARME			Kensington, ADDRESS	Maryland -
(<u>a</u>]		(Yes, no, or unknown) (If yes g	ive war or dates of service) 2/3-	56-3591 Mrs. Arle	ne Shine (Dan) 10225 Ke	
1			18. CAUSE OF DEATH (Enter	anly one cause per line far (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut	Medical Redical Permit. I		PART I. DEATH WAS CAU	DIATE CAUSE (a)	oronaryIn	suffice ney houte	· Suddein.
be executed	pend ef M sit p		Canditians, if any, which gave	DUE TO, OR AS A CONSEC	PUENCE OF	- Diegasa	Yeors.
q p	vord " ne Chik ol-tron any e		rise to immediate couse (a), stating the underlying cause	The second second	DUENCE OF	713(030 =	1,013.
should	the uriol		last.	(0)			
ote s			PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1(0)	1
certificate	forwarded to forwarded to e used as a b removal, and	NO	TO DATE OF ODERATION	Tial causing	Ou son which occurred		
S cer	forw use	CERTIFICATION	190. DATE OF OPERATION		ON FOR WHICH OPERATION RFORMED?		20. AUTOPSY? YES NO X
This	be for	CERTI	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month	, Doy, Year 21c. HOW INJURY OCC	CURRED (Enter nature of injury in Part 1 or Part	
ER:	e certific should b files. 3 should ation, or	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	19		
DICAL EXAMINER:		MEI	21d. INJURY OCCURRED 21e	e. PLACE OF INJURY (At hame, form	n, street, 21f. LOCATION Street of	or R.F.D. No. City or Town	County State
XAI	7 00 /4		AT WORK AT WORK				
AL E	stessory, please execu e funeral director. Pag may be retained for a FUNERAL DIRECTOR: P salth prior to burial,				described abave, held an Autap		
O	ecto ecto ined RECT		death resulted fram:	Natural causes 🔼,	Accident , Suicide ,	Hamicide , Undetermined man	ner
	y, pleose ral directs be retaine (AL DIREC		ACTUAL	for S. Be	118	F MEDICAL EXAMINER 22b. C	DATE SIGNED
Ě	ERA ERA		SIGNATURE EXAMINER'S		M.D.	JTY MEDICAL EXAMINER 🗵	ine 3,1969.
DEPUT	the funeral 5 moy be ratio Funeral Health prior		NAME (Type)	hn G. Ball	ADD	RESS(Street, city, tawn, or county)	
2	E = vo =	230		b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
			REMOVAL (Specify)	1 2	C Al	Pittle Pack	20 4 11
		24	Burial 1	une 6 1969 U.	S. National Cemet		Arkansas Ar'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08652 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Last 2a. DATE KNOWN Month Day detay 1, nd 3 to Page (Type or Print) ESTI-Fred Perman of DEATH MATED ent 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2, and PM3. F 4-2-22 Male Cauc. 47 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? S C MARRIED NEVER MARRIED 9. COUNTY OF DEATH with form country) U.S. Wvoming WIDOWED [DIVORCED [Montgomery Pages land 2 with the State death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Ba USUA OCCUPATION (Kind of work done during most of working lite, even if retired.) give street oddress) 24 hours after de in Item (8. Give Silver Spring Holy Cross Security Guard Hotel the Chief Medical Examiner's Office blong 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c_CITY OR TOWN 13e. STREET AND NUMBER death. admission) STATE HOG. COUNTY 1 2914 Legation St. N.W. - WASHINGTON YES NO ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First ANTONIJAwn BELOBRAJDIE JOHN IN CAN PERMAN pages hours within 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 164 8 GAL 4 4PLIT 465 17. INFORMANT pencil D.C. **ADDRESS** (Yes, no, or unknown) Yes Perman, 2914 Legation St., Wash Marwy 20-0033 File executed within 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) permit. GETWEEN ONSET AND GEATH PART 1. DEATH WAS CAUSED BY "pending" PIELLOJOI adden IMMEDIATE CAUSE (o). any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Vascular Disease-Conditions, if ony, which gave rise to immediate couse (a). word should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ the 4 should be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? icate, YES 🗍 NO A pe or 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County City or Tawn State factory, affice building, etc.) NOT WHILE I NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinian Natural causes deoth resulted from: Accident | Suicide Hamicide Undetermined monner please prior ta CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may NAME (Type) ADDRESS(Street, city, tawn, or caunty) the 5 0 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Washington, D.C. Fort Lincoln Cemetery Buria JOSEPH GAWLER'S SON, INC. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 5130 WISC. AVE., N. W. WASH., D. C. 20018 DATE VR ATSME (5) 1969 10M REV. 1/68

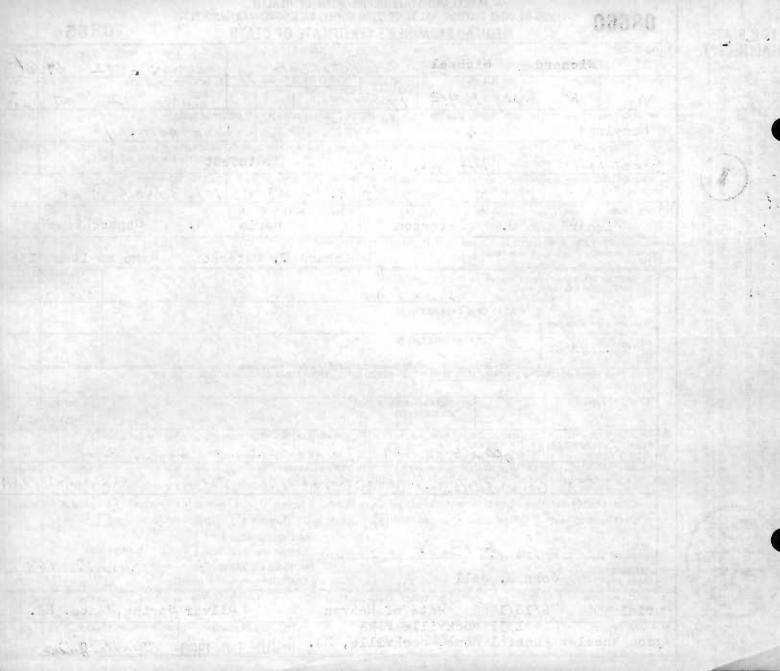
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		08659 DIV	ISION OF VITAL RE			I STREET, BALT		YLAND 21201			
FOR STATE		00000				RTIFICATE				18653	
HEALTH DEPT.		ECEASED-NAME Type or Print)	First CHOLAS	Middle		lost P	RRV	2a. DATE KNOW! OF ESTI- DEATH MATED	_ /	0 1	HOUR A M
delay is and 3 to age	3. S		S. DATE OF BIR		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIP	2c. DATE PRONOU	UCM,	2d.	HOUR
N C A V B	7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MA	RRIED NEVER MA		COUNTY OF DEATH	-	:/ -	A MI
ter deoth Give Pages Ing with for th the Stote	10. (Bathesd	a give s	ME OF HOSPITAL treet address)	OR INSTITUTION	(If not in hospital	12a. USUAL during mos	OCCUPATION (Kind of of working life, ever	f wark done	12b. KIND OF BUSINESS INDUSTRY Golf Cour	
18. Gie 18. Gie 2 with deoth	13a. a	USUAL RESIDENCE (Where dmission) STATE Va	deceased lived, if institu 136. COUNTY	tion: Residence b		OR TOWN	YES NO	13e. STREET AND 27co	1.1	Valley Dr	ine
24 hours. in them 18 r's Office. ss 1 ond 2 v	14. F	ATHER'S NAME First	Middle		Last	IS. MOTHER'S MAI	DEN NAME Fir	rst	Middle	Last	
hin 24 ncil in l niner's poges 1 hours o	160	Oli WAS DECEASED EVER IN U.S. A		Perry		7. INFORMANT	Jo	. IV	22544	Thomas	
I within n pencil Exomine File pog.			yes give wor or dates of service)	226-12-			King :		Valley	Dr. Vienna	
d be executed within 24 hours after deoth d'pending" in pencil in them 18 Give Pag Chief Medical Exominer's Office olding with transit permit. File pages lond 2 with the Stay event within 72 hours after deoth		18. CAUSE OF DEATH (En PART I. DEATH WAS I/	nter anly ane cause per lin CAUSED BY: MMEDIATE CAUSE (a)			i left e	vinen	ortery		APPROXIMATE INTERV BETWEEN ONSET AND DI	
be exe "pend hief Me ansit pe		Conditions, if ony, which rise to immediate cause	DUE TO, OR	AS A CONSEQUEN		is cren	very orl	teries ly	1.	gens.	
should be on the ward "pe of the Chief burial-transit in any ever		stating the underlying colors.	DUE TO, OR	AS A CONSEQUEN			0				
icote ing the ded to ded to as a bull and I, and I.	DICAL CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION			TO THE TERMINAL D	ISEASE OR CONDI	TION GIVEN IN PART	1(0)		
INER: This certificate, writh should be forwor files. 3 should be used ation, or removo		190. DATE OF OPERATION	may se	19b. CONDITION F WAS PERFOR		RATION	& my	cardial	jurn	20. AUTOPSY? YES X NO	
		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBU CAUSE OF DEATH			7, Yeor 2	1c. HOW INJURY O	CURRED (Enter no	oture of injury in Par	t I ar Port 2, It	em 18.)	
		21d, INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (A foctory, office building	t hame, farm, str	eet, 2	1f. LOCATION Street	or R.F.D. No.	City or Tawn		Caunty S	tate
L Extectured Programmer Programme		22a. I certify the	nat I taak charge af th	ne remains des		e, held an Auto Suicide ,	psy 🗖, Hamicide	Inspection (X),	Inquiry 🔀		inian
		ACTUAL	O-la es	Bell		CHI	EF MEDICAL EXAM	IINER	22b. DATE		
- 0 TH	31	EXAMINER'S NAME (Type)	Jovens		Agra	DEP	'UTY MEDICAL EXA DRESS(Street, city,	AMINER 🔀	Jun	24,1969	7
TO DEPU	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 27 June 69	1000	e of CEMETERY	OR CREMATORY	23	3d LOCATION (City of	Town) Virgini	(County) (State)	
	24.	FUNERAL DIRECTOR		منطوعات سمع	DDRESS		2So. REC'D BY	REGISTRAR 2Sb	. REGISTRAR'S	SIGNATURE	1
VR A15ME (5) 10M REV, 1/68		Money & Kin	g Funeral H	ome Vie	nna, v	irginia	DATE JUN :	2 7 1969	Yilian	the fredige	



		08660 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8654
HEALTH DEPT.		ECEASED-NAME First, Middle Lost 20. DATE KNOWN Month C	Day Year 2b. HOUR
is of of		Type or Print) Richard Michael Peterson DEATH MATED & 6 1.	2 169/01 M
delay is ind 3 to R. Poge ment of	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
	1	M- Nog 16/952 Ist birthday) MONTHS DAYS HOURS MIN. Month Day 12	Year 1969 112XM
A COM OF	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form PA	COU	Maryland U.S.A WIDOWED DIVORCED Montgomery	Md.
Poge with the trat	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital \$120. USUAL OCCUPATION (Kind of work done 17)	2b. KIND OF BUSINESS OR
ofter death 8. Give Poges, olong with forr with 7.	1.1	Brest Falls. give greet oddress) - River during most polypoking life, even if retired.) In	NDUSTRY
offer of the offer	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	-	dmission) STATE Md. 13b. COUNTY Montgomery Rocardialle YES 10 NO 11703 Ashly 1	Dive_
hour Item Office ofter	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 F		Richard D. Peterson Maria N. Capac	cchione
d within 24 hours in pencil in Item 1 Exominer's Office 1. File pages 1 and 2 in 72 hours offer a		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
vith pen com	1	(as no, or unknown) (If yes give war or dottes of service) Richard D. Peterson Same as	s item #13e
E EX		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
cute agi' dica rmit vith		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diowning	37M.D.
exe andi Me nt		Q10.0 DUE TO, OR AS A CONSEQUENCE OF	
"pe "pe inef insi		Conditions, if any, which gave rise to immediate cause (a).	
O P P P P P P P P P P P P P P P P P P P		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed with should be executed with the word "pending" in personate the Chief Medical Exoraburial-transit permit. File I in ony event within 72		last. (c)	
ICAL EXAMINER: This certificate should be executed within 24 hours execute the certificate, writing the word "pending" in pencil in Item 1 for. Page 4 should be forworded to the Chief Medical Examiner's Office ed for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 buriol, cremation, or removal, and in any event within 72 hours ofter and 2 the contraction of the contract		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
V. si ring s - S - S - S - S - S - S - S - S - S -	2		
wri wri rwo rwo	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
oe u	E E	WAS PERFORMED?	YES NO
AL EXAMINER: This execute the certificate, or. Page 4 should be for for your files. TOR: Page 3 should be to uriol, cremation, or ren	100	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 121b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iten	
cert cert oull es. shou ion,	MEDICAL	CAUSE OF DEATH	ner.
MIN the r fil mat	W	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
JIY SICAL EXAMINER: ry, please execute the certificated director. Poge 4 should be retained for your files. RAL DIRECTOR: Poge 3 shou prior to buriol, cremation,		WHILE AT WORK AT WORK & Great Fall's River Potonia Great Falls - Potonice - Mo	intgomer, Mel
Po Po //	1	22a. I certify that I taak charge af the remains described above, held an Autopsy 🔲, Inspection 🔼, Inquiry 🖄,	and in my apinian
ICA e e e e e e e e e e e e e e e e e e e	2	death resulted from: Natural causes 🔲 , Accident 💢 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🕻	
please directr retaine or to b	3	CHIEF MEDICAL EXAMINER	
y, pleasery, pleasery, pleasery, pleasery, pleasery, pleasery, pleasery, price to prior to		ACTUAL SIGNATURE John S. 13all M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	GNED
Sory one P		DEPUTY MEDICAL EXAMINER TO	12,1969
necessory, please execute the certificot writing the funeral director. Page 4 should be forworden 5 may be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used as Health prior to buriol, cremation, or removal, or		NAME (Type) JOHN G. Dall ADDRESS(Street, city, town, or county)	
10 th He	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Care of Heaven Silver Spring, M.	County) (State)
0.		of 15/15/5	
110		FUNERAL DIRECTOR 1331 ROCKVILLOBRESPIKE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A15ME (5)	1	yson Wheeler Funeral Home, Rockville, Md. DAUSUN 16 1969 Millians	a Quedas

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08655 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth 2b. HOUR (Type or Print) Platt OF ESTI-Helen 3 to Poge 10:50 ō DEATH MATED 6. AGÉ (In years IF UNDER I YEAR IF UNDER 24 NRS 4. RACE 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Day Year white 8-12-41 female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Wash., D.C. U.S.A. Montgomery WIDOWED | DIVORCED [deoth 10. CITY OR TOWN, OF DEATH 11. NAME OF HOSPITAL DR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Spring giver tree address no Branch Pkw S S during most of working life, even if retired.) INDUSTRY 24 hours after 13d. INSIDE CITY LIMITS? death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER G land 2 with Office alor 9304 Longbranch Pkw 13b COUNTY COMERY in Item 18. Bilver Springyes I NO I ofter 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME Middle Last Utlev Frank Herbert He len Urbine 4 should be forwarded to the Chief Medical Exominer's pages hours pencil 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, or unknown) (If yes give war or dates of service) Carl W. Platt Same as #13 File 2 APPROXIMATE INTERVAL event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Asphyxiation due to strangulation IMMEDIATE CAUSE (a). with rope, self-inflicted DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave rise ta immediate couse (a), in ony certificate should writing the word DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 removal, CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH DPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, NO [pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18)
Deceased, depressed, hanged se 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremation, 1969 OO RM home. basement CAUSE OF DEATH 21d. INJURY OCCURRED 21f_LOCATION_Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE NOT WHILE AT WORK Home Md. Silver Spring Montg. kwy. buriol. 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection and in my opinion death resulted from: Undetermined manner Natural causes Suicide X Homicide Agtigent CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE O DEPUT **EXAMINER'S** 5 may TO FUNE Health NAME (Type BURIAL, CREMATIO 23b. DATE NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (G (County) REMOVAL (Specify) Maryland Washington Nationa Buria 6-30-69 Suit Tand 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Francis J. Collins
500 University Blvd. W. Silver Spring, Md VR A15ME (5) 10M REV. 1/68

414 MAKTLAND STATE DEPARTMENT OF HEALTH

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	MAKTLAND STATE DEPARTMENT OF HEALTH
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	08662 CERTIFICATE OF DEATH
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fer full	3. SEX 4. RACE 5. DATE OF BIRTH 78. AGE (In years IF UNDER 14 CAR IF UNDER 24 HRS.
s of the tris or	male white 4/10/94 lost birthday) YRS. MONTHS DAYS HOURS MIN
nours after by the fui s. Pages 1	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
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ond completely filled in by the funeral remove corbon papers. Pages I and in any event, within 22 hours after death	10. CITY OR TOWAR OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12h KIND OF RUSINESS OR
ely bon with	Bethe da Chefuter Band Band
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equires that the death certificate be executed within 24 has physician. Signed by the attending physician and completely filled in burial-transit permit. Then please remove corban papers, burial, cremation, or removal, and in any event, within 2017.	160. WAS DECEASED EVER IN U.S. ARMED FORCESY Yes, no, or unknown) (II yes glue your or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 119 (Abril 25 Seven Locks 26 - 38 - 980 3A. Taylor Pohlman Rd. Potomac. Md.
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The law ottendin hos bee se as the horor the prior the first the f	19b. CONDITION ♥ R WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR ATTENDING PHYSICIAN: The law re be retoined by the hospital or ottending DIRECTOR: After this certificate hos been ig 3 shauld be detoched for use as the led with the State Dept. af Health prior to he	TES NO NO
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The the delayer	ot work — ot work —
DIN Afte be Sto	22a. I certify that (1) (this haspital) attended the deceased from , 1956, ta firm 2, 1967, that (1) (we) los saw the deceased alive on , 1969, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) two local leading and view the hardy after death
TEN ined wuld the	causes stated above (1) (old) (did nat) view the bady after death.
AT Sho Sho	22b. SIGNATURED 22c. DAVE SIGNED
OR DE L	Closed & Morton M. D DEGREE PHYS. DIRECTOR D PHYS. D 6/3/69
AIL Day	22d. PHYSICIAN'S 22e. ADDRESS
SPI1 4 m d b	NAME(Type)Alfred L. Norton, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detoched for use as the should be filed with the State Dept. af Health prior to	230. BURIAL REMAIN 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY ROCKVILLE, (County) Marte)
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VR A15	24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
45M - 1/86	Robert a Kemphrey 155%-Wes DAPPIN 9 1969 Vollander Judge -

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH O8657 LOFTCRAFFORMIE LOFTCRAFFORMIE			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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death resulted fram: Natural causes X, Accident , Suicide , Homicide , Undetermined monner ACTUAL SIGNATURE	3 4 s e	ME	The state of the s	County State
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236. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	D = 0 - 1 - 1		EXAMINER'S DEPUTY MEDICAL EXAMINER & June	1.1969
BUTAGE 1409 St. Maru A COMETERN Garaner Comment Comment of the Com	TO D the 5 m TO FI	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
VRAISMEIS) Warner E. Pumphrey, Inc. Silver Spring, Md, Date UN 3 1989 Clarely June	VR A15ME (5)	1 20	General director Chilen Cintes 8434 appression Avenue 250. RECID BY REGISTRAR 25b. REGISTRARS S	SIGNATURE

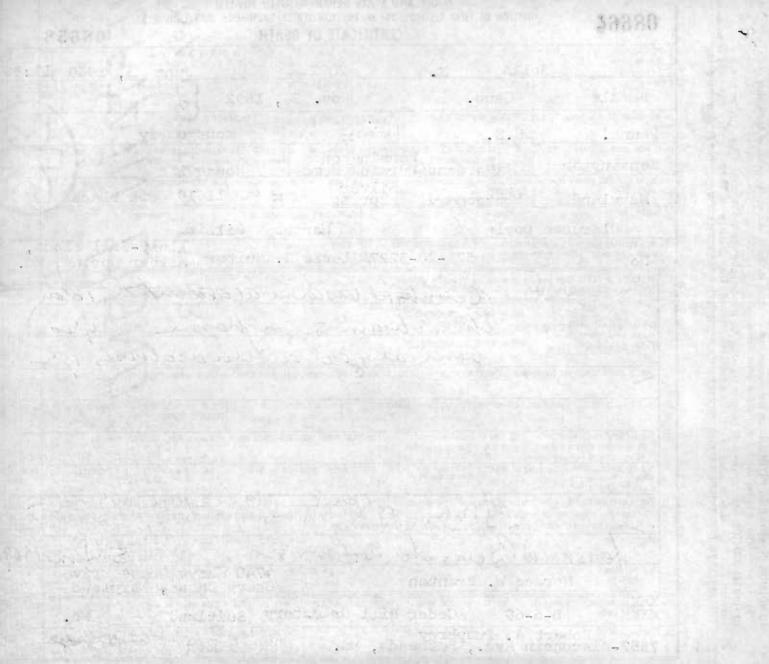
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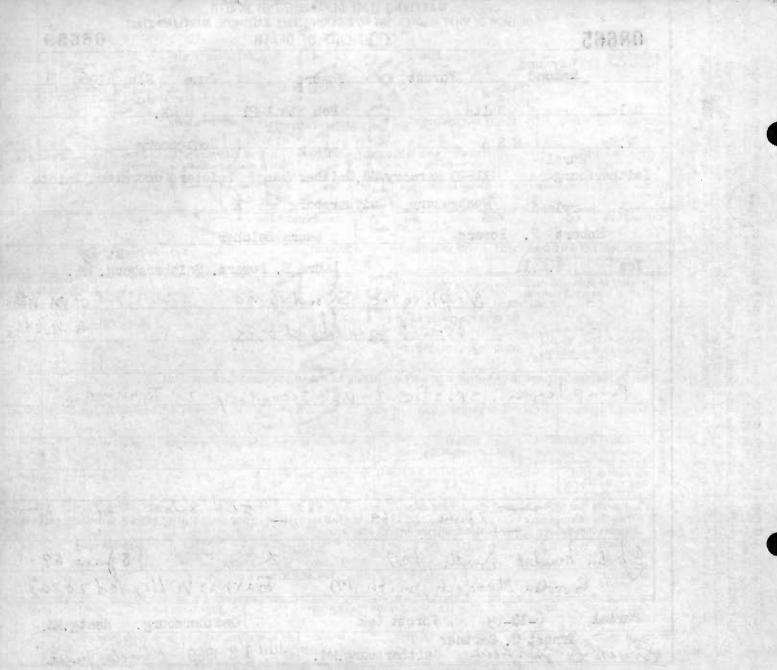
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Part Part	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COU	NTRY? 8. MAPPIER	NEVER MARRIED	9. COUNTY OF DEAT	-		
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event,	13a.	USUAL RESIDENCE (Where decer	osed lived, if institution: Res	idence befare 13c CTY C	R IOWN 13d. INSIDE CITY L	IMITS? 13e. STREET	AND NUMBER		
3/5	aam	ission) STATE Maryland	Mont gome			□ 11619	Gail :	Place	
any	14.	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME F		Middle		Last
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ешс		1B. CAUSE OF DEATH (Enter of			. 0		1	APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
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loi,		last.	(-)	nualy	sex aur	una,	anes	4	~ ·
po c		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED.	DO THE TERMINAL DISEASE OR	CONDITION GIVEN IN P	'ART I(o)	- 1	
of Health priar to	NOI	19g. DATE OF OPERATION 198	. CONDITION FOR WHICH OPE	DATION WAS DEDECTIMED	20a. AUTOPSY?	Table 15 AEC	WERE FINDINGS CO	ANCIDEDED IN CER	TIEVING
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= ^	CERT	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	210	HOW INJURY OCCURRED (Ente	_	Part 1 or Part 2 1	tem 18.)	
± He	MEDICAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Mant	h Doy Year	(2.110	, marara ar mjary mr		1011	
	MED	(If either, notify medical exam 21d. INJURY OCCURRED 21e		, FARM, STREET, FACTORY.) 21f.	OCATION Street or R.F.D. No	. City or To	wn	County	State
1913		While Nat while at work	OFFICE B	JUILDING, ETC.					
State Dept.		22a. I certify that (I) (t	his hospital) attended	the deceased from	sent 196		une 196	57, that ((1) (wa) last
e >		saw the deceased	olive on alm	1969 0	d that in (my) (our) and	inion deoth occur	red on the dat	e and hour o	nd from the
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pe 1		NAME (Type) HO:	race W. Bre	enton		40 Chevy evy Chas		vland	
	230	XURUK CREMATION, 23b.	DATE	23c NAME OF CEMETERY O		23d. LOCATION (Cit		(Caunty)	(Stote)
2	230.		-6-69	Cedar Hill	Crematory Crematory	Suitlan	nd	Md.	(31016)
01.	24.	FUNERAL DIRECTOR Robe	rt A. Pumph	ARPRESS	2Sa. REC'D E	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
A15 41		FUNERAL DIRECTOR Robe: 7557-Wiscon	sin Ave., I	Bethesda,	Md. DANUN	9 1969	Julian	and house	W

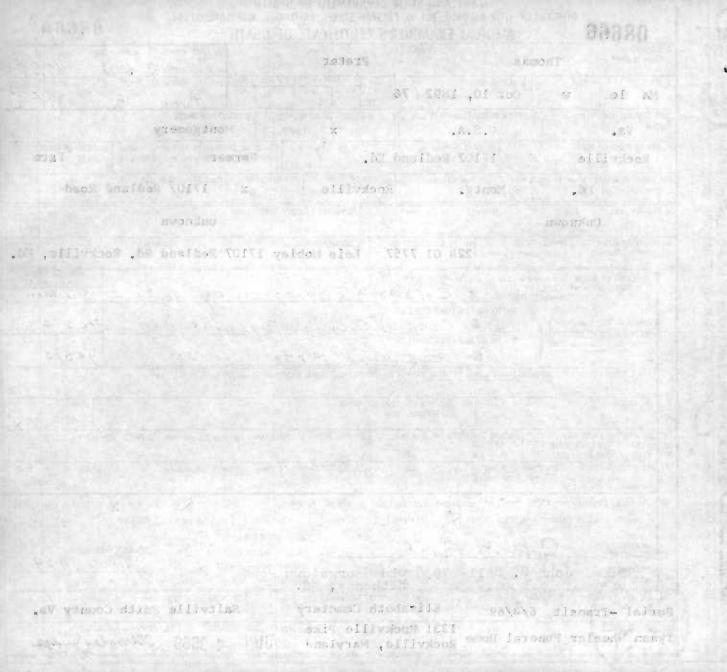


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9		08665		CERTIFICATE OF DEATH		08659
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within 2 of filled bon pop within)	Gaithersburg	nive street address	dusing ma	st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Painte
cuted omplete or you cort	13a. adm	USUAL RESIDENCE (Where decease issian) STATE	d lived, if institution: Residence before	13c. CITY'OR TOWN 13d. INSIDE CITY LIA	AITS? 13e. STREET AND NUMBER	
nd exe	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME FI	rst Middle	Last
e be	1/	Robert F		Laura Belo	her	
ertificat physici en plec ovol, an	100	. WAS DECEASED EVER IN U.S. ARME (es, no, ar unknawn) (If yes give won	D FORCES? or dotes of service) 116b. SOCIAL SECURITY		Address R	e Md
requires that the death certificate be executed within 24 hours after death g physician. In signed by the attending physicion and completely filled in by-the-funeral e buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 oburial, cremation, or removal, and in any event, within 72 hoursetter death		PART I. DEATH WAS CAUSED	E CAUSE (a)	tic Syndrom	e	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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requires that the physician. signed by the a buriol-transit post burial, cremation		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
requi g phy sign bur		PART 2. OTHER SIGNIFICANT COND	1	NOT RELATED TO THE TERMINAL DISEASE ORCO	9	
law tendin ss beer as the prior th	CERTIFICATION		DNDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS CO	
Se ho of the se ho	ERTIF	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	AEZ NO NO		
ICIAN pital o rrificat of for	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M.	9	nature of injury in Part 1 or Part 2, I	tem 18.)
3 PHYS the hos this ce detache	W	at wark at wark	TACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		City ar Tawn	Caunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending 1 TO FUNERAL DIRECTOR: After this certificate has been sidector, page 3 shauld be detached for use as the boshauld be filed with the State Dept. of Health prior to be shauld be filed with the State Dept.		22a. I certify that (I) (this saw the deceased ali causes stated abave,	hospitel) attended the decease ve an 7 for the decease (I) (we) (did) (did nat) view the	ed fram 20 Jyly , 19 19 19 41, and that in (my) (ew) apir bady after death.	ian death accurred an the da	69, that (I) (we) last te and haur and fram the
OR AT be reto DIRECTO Spe 3 she led with		226 SIGNATURE Mund	och Smitts, M.	DEGREE PHYS. ME	ED. STAFF 22c. E	June 69
SPITAL 4 moy VERAL for, pag Id be fil		22d PHYSICIAN'S NAME (Type) Goods			rnes ville, 1	1120703
TO HO Poge TO FUR direct	23a.		-10-69 Fores	cemetery or crematory	23d. LOCATION (City or Town) Gaithersburg.	(Caunty) (State) Montg.Md.
VR A 5 14	24.	FUNERAL DIRECTOR Trnes		ersburg.Md. DATE 1	REGISTRAR 25b. REGISTRAR'S	SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08660 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2g DATE KNOWN Manth 2b HOUR (Type or Print) Thomas Prater ESTI-DEATH MATED Page delay 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 2c. DATE PRONOLINGED DEAD 2d HOUR Oct 10, 1892 HOURS propirthday) Ma le Year 19 69 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm country) Va. U.S.A. Montgomery DIVORCED [WIDOWED T 8. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital alang with 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 24 haurs after deat 17107 odRedland Rd. Rockville. during me me tking life, even if retired.) INDUSTRY Farm death. 13e. STREET AND NUMBER 17107 Redland Road 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d, INSIGE CITY LIMITS? admission) STATE Md. 13b. (Montg. Rockville apa2 Office Item after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle last Unknown unknown hours Examiner 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? pagi 16b. SOCIAL SECURITY NO. 17. INFORMANT I. INFORMANT ADDRESS A (Yes, na, ar unknawn) 224 01 7757 (If yes give war or dates of service) File APPROXIMATE INTERVAL within executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH Chief Medical PART I DEATH WAS CAUSED BY Coronary. Sudden event DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Canditians, if any, which gave Year's Cardis rise ta immediate cause (a). word any shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause the = the farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate 0 writing 00 remaval, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, pe should be 21a. EXTERNAL CAUSE WAS 9 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County State factory, affice building, etc.) may be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry Y and in my apinian director. Notural couses Accident . death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b-DATE SIGNED the funeral P SIGNATURE Old Georgetown Medical examiner Ball **EXAMINER'S** 7936 5 may ro FUNE Health DRESS(Street, city, tawn, or county) NAME (Type) Bethesda, 23g. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Elizabeth Cemetery Saltville Smith County Va. Burlal Sparity ansit 6/4/69 24. FUNERAL DIRECTOR 1331 Rockville Pike 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Meliones Tyson Wheeler Funeral Home DATE JUN VR A15ME (5) Rockville. Maryland 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

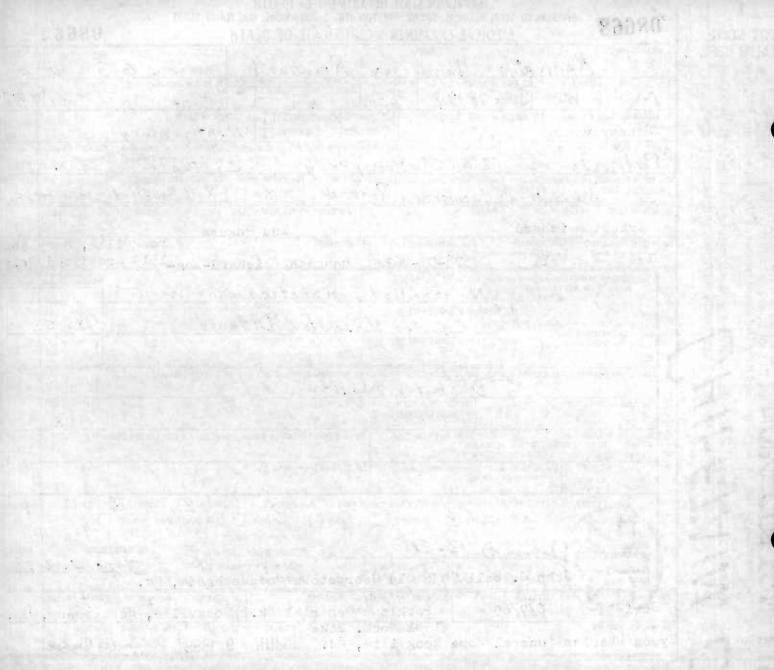


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		3. SE	X F		4. RACE W			June 25		6. A	GE (In years st birthday) 82 YF		YEAR IF U	INDER 24 HRS. URS MIN
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2 Secured	ove carbo	admi	USUAL RESIDENCE (Where ssion) STATE West Va.	deceased	lived, if institution 13b. COUNTY	utian: Residence b		Y OR TOWN 13 pherdstown	d. INSIDE CITY LIMITS?	13e. STREET	AND NUMBER			
CA1/2	Lem 2	14. F	ATHER'S NAME First		Middle		.ast	15. MOTHER'S MAIL			Middle		L	ast
10 mg	ease rem ond-in on		Benja		F.		ulk		Gerti	rude			John	son
4 2 3	en pleo oval, or		WAS DECEASED EVER IN U es, no, ar unknawn) (If		FORCES? r dates of service)	16b. SOCIAL SECT		17. INFORMANT Asbury M	lethodis	t Home.	Address Gaith		e. M	d.
wed of Region.	signed by the buring burial, cremation, ar rem	×	18. CAUSE OF DEATH (E PART I. DEATH WAS Conditions, if any, which rise to immediate caus stating the underlying last. PART 2. OTHER SIGNIFICA	GAUSED B MMEDIATE gave e (a),	Y: CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUEN	erova CE OF CE OF	ar le	DISEASE OR CONDIT	lecos being the construction of the constructi	PART I(a)		PPROXIMATE I	
g de la	Se of the pr	CERTIFICATION	19a. DATE OF OPERATION			HICH OPERATION V		YES 🗆	NO 🗌	CAUSES OF E	DEATH?	S CONSIDERED	IN CERTIF	YING
PHYSICIAN: e haspital or	d for of Hec	AL	21a. ACCIDENT WAS UND ☐ OR CONTRIBUTING ☐ CAUSI (If either, natify medical	or geath examiner)		. Manth Day	Year 19	c. HOW INJURY OCCUI		re of injury in	Part 1 ar Part	2, Item 18.)		
F a a	Dep	ME	21d. INJURY OCCURRED While Nat while at wark	2000				f. LOCATION Street	ar R.F.D. Na.	City or To	iwn	Caunty		State
OR ATTENDING be retoined by the	ould be he had the heart		22a. I certify that (saw the deceo- causes stated (sed olive	e on	0//00/1	5 919	and that in (my)	(our) opinion	deoth occur				(we) last from the
OR DE L	filed with the S		22b. SIGNATURE	36	10d	Esus	phe	ATTENDING PHYS.	DIRECTO	OR PH	VFF -	2c. DATE SIGNE	16,	9.
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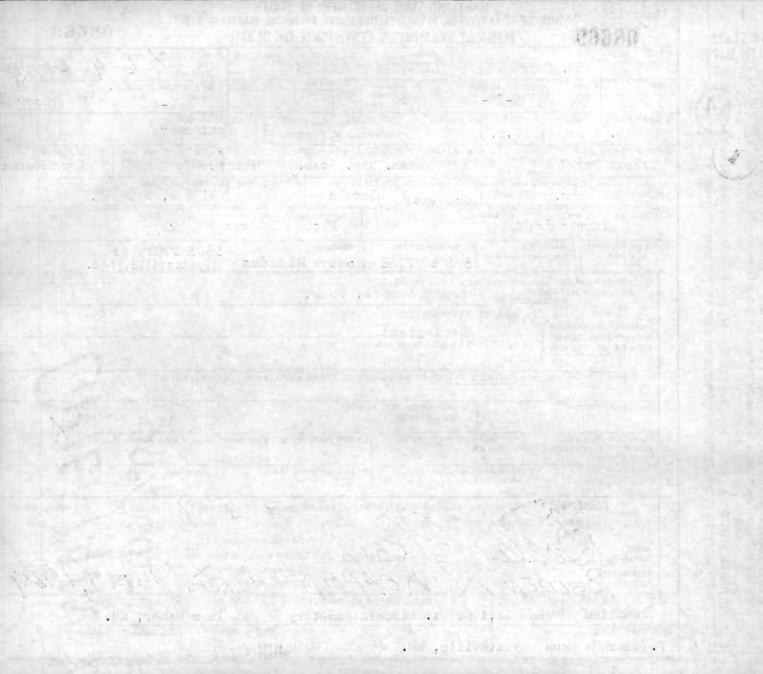
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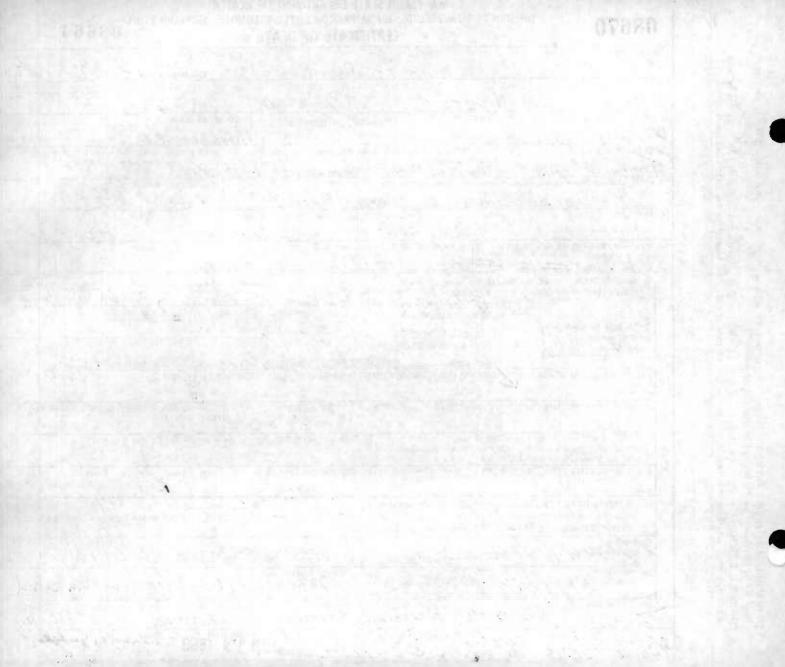
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FOD CTATE	- 1	08668 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00000
FOR STATE HEALTH DEPT.		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	08662
	(Type or Print) OF FSTI.	Day Year 2b. HOUR 3 1969 5 5 M
ay is 3 to Poge nt of	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	3 1969373 M
del and M3.		Month Day	Year 1969 733 M
2, and 3 to PM3. Page Spartment of	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1987 17 17 M
orm orm	caur	mirennsylvania V.SA. WIDOWED DIVORCED Montgoniery	Md
ooth the f	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
the period		Bettlesda give street address Du Russey Pkwy during most of warking life, even if retired.)	INDUSTRY John 9
s ofter deoth ny delay 18. Give Poges 1, 2, and 3 dlong with form PM3. Poge with the Store Department death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN / 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
Lrs de Lrs		Maryland Montgomer 1 100 Knike 15 17 36019 H	orners Lane
Item Item Item Item Item Item Item Item	14. 1	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in ninet's pages hours	160	Ernest Reichard WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS VI	37 - W 3
ithin encil encil		(egrad, or unknown) (free page wor or dates of service) (578-05-9622 Kenneth Reichard-son-1510 B.	lle, Maryland
d with per Exor File		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
INER: This certificate should be executed within 24 hours ofter deoth lie certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, should be forwarded to the Chief Medical Exominer's Office along with form files. 3 should be used as a burial-transit permit. File pages Tond 2 with the Stare Delation, or removal, and in any event within 72 hours ofter death.	19	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarelia / Infarction old & Recent.	BETWEEN ONSET AND DEATH
		DIE 10 OR AS A CONSEQUENCE OF	
"pe "pe hief ansid	2	Canditions, if any, which gove isset to immediate cause (a). (b) Cardio Vaseular Disease.	Years.
should 1 e word b the Ch ourial-tra		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I burial-transit		last. (c)	
ICAL EXAMINER: This certificate is execute the certificate, writing the for. Page 4 should be forwarded to ed for your files. CTOR: Page 3 should be used as a burial, cremation, or removal, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi , writing orward used o moval,	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, v forv e us	CERTIFICATION	WAS PERFORMED?	YES NO 🗆
MINER: This of the certificate, 4 should be four files. e 3 should be u emation, or rememation, or rememation.	CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	
certi certi ould es. hou ion,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
MIN the the rail	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, high processing proce	County State
L EXAI ecute Poge or you or you R: Poge		AT WORK AT WORK	
CAL EXAMINER execute the cer or. Poge 4 should for your files. CTOR: Poge 3 should it cremation		22o. I certify that I taok charge of the remoins described abave, held an Autopsy 💢, Inspection 🖾, Inquiry 🗵	ond in my opinion
SICA bleose ex director. etained to DIRECTO		death resulted from: Natural causes 🖾, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner	
pleose I director retained I DIREC		ACTUAL OP & BOD CHIEF MEDICAL EXAMINER	enous p
JTY ry, erol be r RAL prii		SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DATE	De 4,1969
o DEPUTY necessory, p the funerol 5 may be r 5 FUNERAL Health prid		NAME (Type) John G. Ball 7936 Old Georgetomores to cold Bedune sound, Md.	116 9/1909
necessory, pleose execute the cert the funerol director. Poge 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Poge 3 should health prior to burial, cremation.	230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
		Brown (Specity) 6/7/69 Parklawn Memorial Pk. Rockville, Mor	, 11
	24.	FUNERAL DIRECTOR 1.3 ADDRESSOCK Pike 25g, REC'D BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
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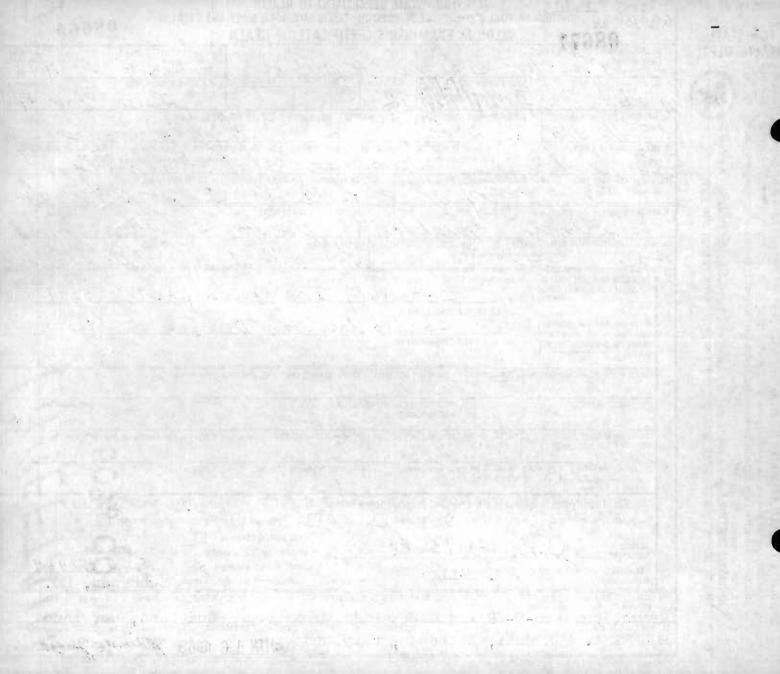
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HEALTH DEPT.		ECEASED-NAME Type or Print)	First CAI	THERINE	Middl ELIZ	e ZABETH	RHOADES	3	20. DATE KI OF E DEATH M	ESTI-	- Pay Y	69 125
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death with with	10. 0	ity or town of death Takoma Par	k	11. NA give s	AME OF HOSPITAL treet oddress) Ty	or institution	(If not in hospitol	12o. US	UAL OCCUPATION (KI		12b. KIND O	F BUSINESS OR wn Hom
hours after Item 18. Give Office along I and 2 with after death.	130.	USUAL RESIDENCE (WH Imission) STATE NE	ere deceosed	l lived, if institu 13b. COUNTY ${f L}$	tion: Residence	before 13c. CITY er Lin	or town in a coln	3d. INSIDE CITY LI	100. 0111661	N. 44th	St.	
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n pencil in Examiner's File pages	16a. (Y	WAS DECEASED EVER IN L es, no, or unknown) NO		RCES? r or dates of service)	16b. SOCIAL SECU 506 48		7. INFORMANT Robert R	Rhoade	5605 s Hyat	39th Ave	Md.	
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(AMIN e the e 4 sh our fil age 3 cremat	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK		ACE OF INJURY (A ry, office building	At home, form, s g, etc.)	Preet,	If. LOCATION Street	or R.F.D. No.	City or	Town	County	Stote
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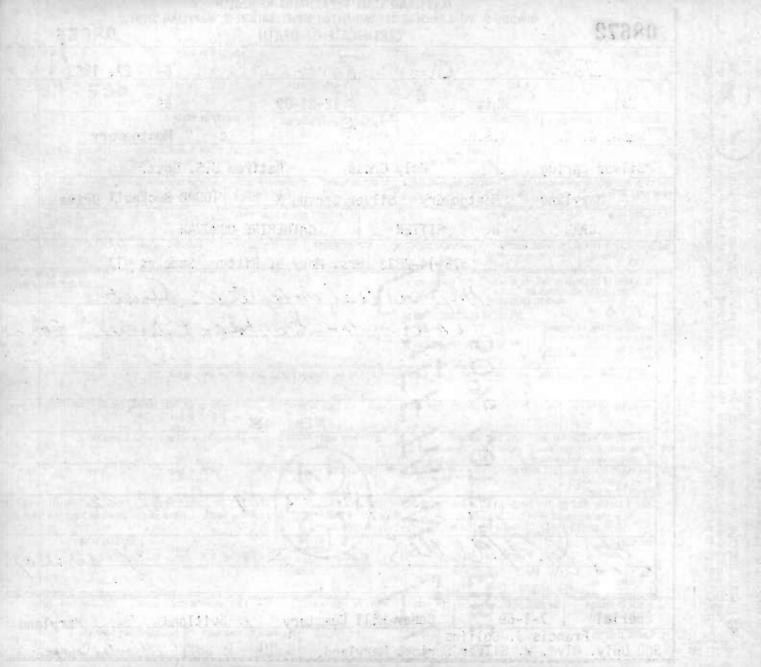
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e deoth ce attending permit. Th			18. CAUSE OF DEATH (Ente	r only one couse per line for (a),	(b) and (c).)	to peria so	with ger	eralised	BETWEEN ON	ATE INTERVAL SET AND DEATH
ndi nit.			PART I. DEATH WAS CA	USED BY: F) CULE JEDIATE CAUSE (0) Contic	when is	inling 6	in fore	im & Pan.	10 0	dryp
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OR ATTENDING PHYSICIAN: The low requires that the deoth be retained by the hospital or ottending physician. **IRECTOR:* After this certificate has been signed by the attending a 3 should be detached for use as the burial-tronsit permit.** Set with the State Dept. of Health prior to burial, cremation, or relations.			TART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION TO E	TEATH DOT NOT KELATED	TO THE TERMINAL DISEASE O	KCOMPITION OIVE	PART I(0)	Russia	
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うる語語を		MEDICAL	(If either, notify medical ex		19					
hos hos ce che		W	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOMF, F	ARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D.	No. City	or Town	County	Stote
this eto			While Not while at work	(OFFICE BUI	DINO, EIC.	1/1/12		. / /		
IDING I by th After I be d			220. I certify that (I)	(this hospital) attended t	ae deceased from	1/1/1/19	62 to	6/10/ 19	69. that	(I) (we) lost
Aff Aff			sow the deceosed	d olive on	1969,0	nd that in (my) (cor) o	pinion deoth o	ccurred on the do	te ond hour o	nd from the
D. R. D. C. L. C.			couses stated ob	ove, (I) (me) (did) (did not) view the body ofte	r deoth.	- N. C.		, ,	
A S D S E			22b. SIGNATURE	, , ,		ATTEMPIAIO > 2	MCD		DATE SIGNED	
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AL Dog	1		22d. PHYSICIAN'S	, 711		22e. ADDRESS			0	1
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TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the Stote Dept. of Healt		2807	BURIAL CREMATION 2	DATE 23	CANAME OF CEMETERY O	R CREMATORY	23d. LOCATIO	N (City or Town)	(County),	(Stote)
Page dire			REMOVAL (Specify)	Xune 13, 1969	Greenlaus	Cimeling	Ko	risa	Kent	uckn
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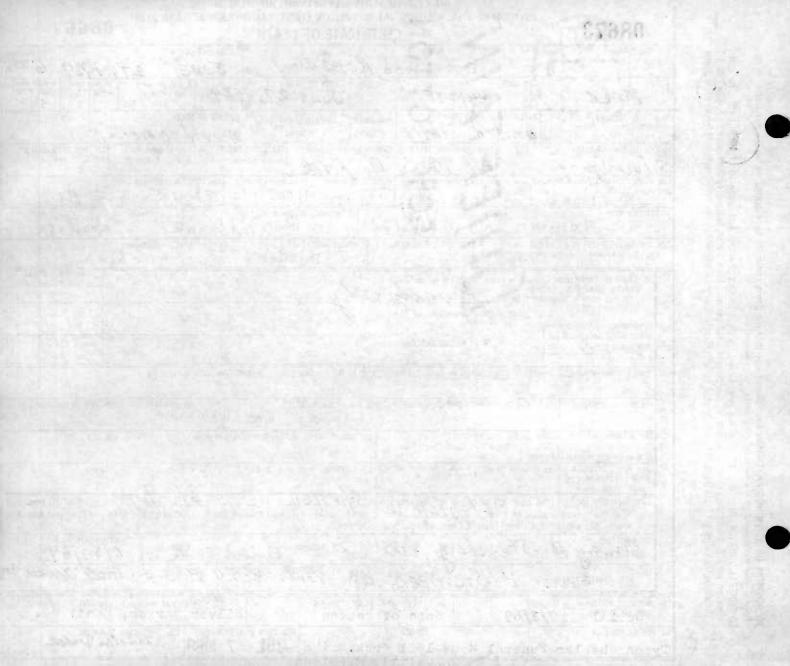
		Item5 FilmGil3 MARYLAND STATE DEPARTMENT OF HEALTH	
12-	6/	19/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	8665
FOR STATE		1867 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2001)
HEALTH DEPT.		PECEASED-NAME 20. DATE KNOWN Month I	Day Yeor 2b. HOU
is de de	(Type or Print) Chester Edward Tightor DEATH MATED & G	6 1969 98
lay is Page	3. \$	EX 4. RACE / S. DAIE OF BIRTH 7 17 186 6. AGE (In years IF JACKE 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOU
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5%	1/2	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY2 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH /	6 46/172
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alor with death	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTD OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	11/1-1
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Heart after death The Monte along with for Ottice along with for I and 2 with the State after death.	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Ast
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thir enci min pa	()	(es, no, as unknown) (If yes give war or dates of service)	and-
d within in pencil Examine File pag n 72 hau		140 -140 Mis Will Sagion (No	APPROXIMATE INTERVAL
ruld be executed "pending" in re Chief Medical Eachiest permit. Faltransit permit. Fany event within		18. CAUSE OF DEATH (Enter anly ane couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e execute pending" ef Medica ssit permit	20	IMMEDIATE CAUSE (a) COTODOSY LOSOTTICE Q CY A COTE.	Sodden.
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be "painef		rise to immediate cause (o). (b) Cardio Vascular Disease -	Yez13.
ord ord ord I-fr		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
s certificate shauld be executed within 24, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages smaval, and in any event within 72 haurs		lost. (c)	
g the sed to and i and i	11	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
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XAM te th yaur yaur age crem		WHILE NOT WHILE TOCTORY, drince building, erc.)	
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ICAL E exect for. Pa for CTOR: burial,		death resulted fram: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner	_
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die die		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SI	CNED
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Ssary, I funeral ay be r INERAL		EXAMINER'S JOHN G. BALL DEPUTY MEDICAL EXAMINER ADDRESS/Street city town or county Define	61/76/
ro DEPUTY DICAL E necessary, please exect the funeral director. Po 5 may be retained for ro FUNERAL DIRECTOR: Health priar to burial,		Apprendiction Apprendiction of the Apprendiction of	
0 c ± 20 ±	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City of Town)	Caunty) (Stote)
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10		FUNERAL DIRECTOR ADDRESS 250. RECUTBY REGISTRAR 25b. REGISTRAR'S SI	
VR A15ME (5) 10M REV. 1 69	150	OBERT A. PUMPHREY, Bethesda, Maryland DAISUN 16 1969 Johnson	as Judge



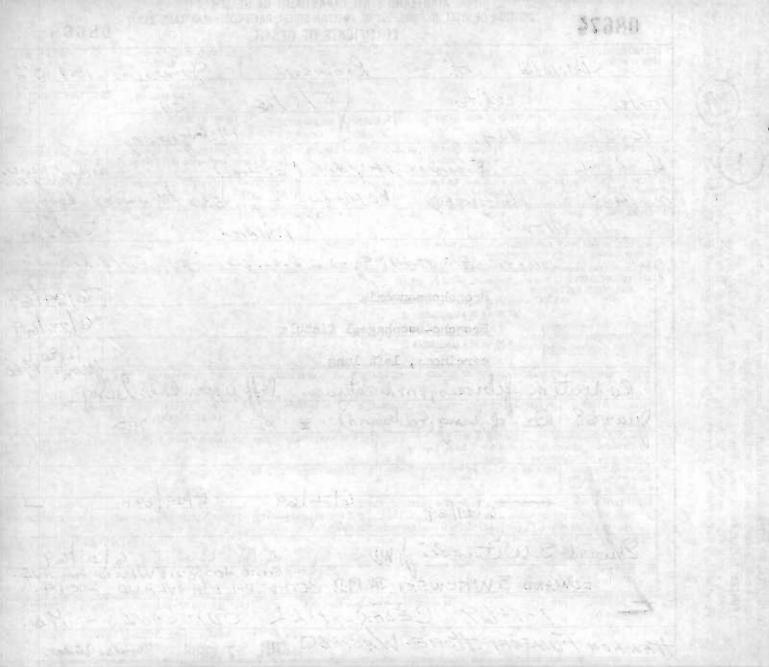
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requires that the death certificate be executed within 24 hours after g physician. I signed by the attending physician and completely (illerent by the functional permit. Then please remave carbon papers. Aggistic aburial, crematian, or remaval, and in any event, within 72 hours after		Conditions, if ony, which gave nise to immediate cause (o), stating the underlying couse lost.	ly one couse per line for (o), (b), and (c) BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ADITIONS CONTRIBUTING TO DEATH BUT N	ioselenos	farely C Ka	n deule	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Hending parties been single boriar to boriar t	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOF	PSY? 2	IDb. IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
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s PHYSI the hosp this cert detached e Dept. o	MED	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, F/ OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town Coul	nty State
TENDING inned by to OR: After ould be could be c		22o. I certify that (I) (the sow the deceased of courses stated above	is hospital) ottended the deceos live on	ed from Jand 1967, and that in (my body ofter death.) (our) opinion de	oth occurred on the dote on	, that (I) (we) lost d hour and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creases		ALABAR /T A	NOSCERLULO, CLE Mass. Ave., N. W.	DEGREE ATTENDING PHYS. 22e. ADDR	DIRECTOR	STAFF PHYS. DATE SI	CO 2 1969
OSP JNE Uld	220	Masili	ngton, D. C. 20016 Date 966 - 6266 23c. name of	CEMETERY OR CREMATORY	234 10	OCATION (City or Town) (Cau	unty) (Stote)
O Page	230		'-1-69 Ceda	r Hill Cemeter		uitland	Maryland
VR A15 (4)	24.	FUNERAL DIRECTOR Franci	s J. Collins ADDRES	S	2Sa. REC'D BY REGISTE	RAR 2Sb. REGISTRAR'S SIGNA	TURE
30M REV. 1/68		500 Univ. Blvd.	W. Silver Spring	, Maryland.	DATE UL 2	1969 Melineles	Judge :



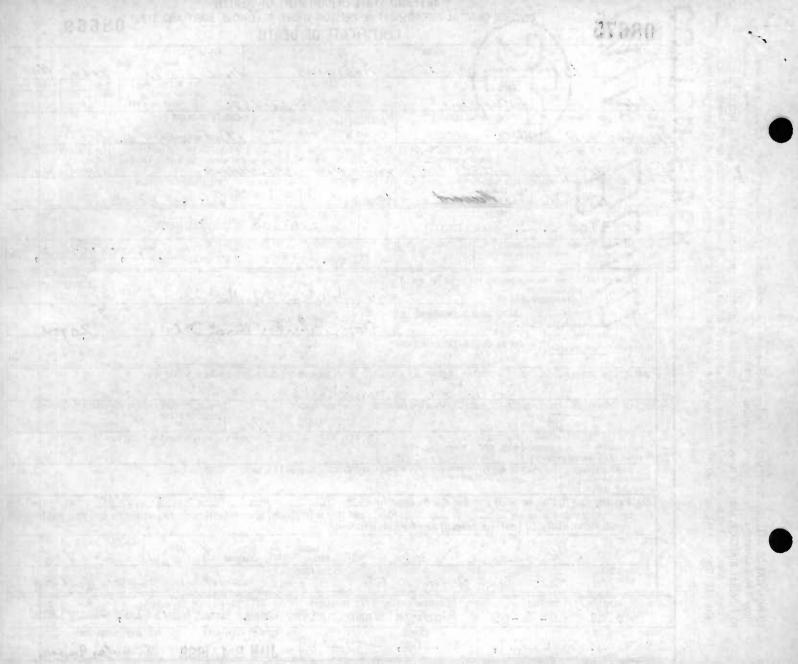
	MAKILAND STATE DEPARTMENT OF HEALTH	
1	0.867.3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	67
	CERTIFICATE OF DEATH	
death.	DECEASED-NAME (Type or print) CIAY BRAD Ford ROBINSON 20. DATE OF DEATH TUNE Month 27, 196	2b. HOUR 6:00 F
ours after death	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years I FUNDER LY)	EAR IF UNDER 24 HRS. DAYS HOURS MIN.
d E N	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTH 90 MONTH 90 MONTH	Mc
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ertificate be executed with physician and campletely ien please remave carba aval, and in any event, we avail and in any event, we avail and in any event, we are available.	o. USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary land 13b. COUNTY Takoma Pt YES NO 8304 GARland	Ave
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tificate physicia n pleas val, an	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (Il yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address WETTER Address Address	
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CA A by that the physician. Signed by the burial-transit burial, cremati	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause ast. (b) DUE TO, OR AS A CONSEQUENCE OF (c)	
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Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	22b. SIGNATURE Stanley H. Steinberg, KLD. DEGREE PHYS. DEGREE ATTENDING MED. STAFF 12c. DATE/SIGNE	/69
TO HOSPITAL Page 4 may O FUNERAL I	22d. PHYSICIAN'S NAME (Type) STANLEY H. STEINBERG, MD. 228 31 PESNIVERSITY BLW., E., STUER	SPKTHG, M
TO HOS	30. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Gate of Heaven Silver Spring, Mont	Md.
VR A15 (4) 30M REV. 1768	4. FUNERAL DIRECTOR ADDRESS Tyson Wheeler Funeral Home 1331 Rock. Pike DALUL 7 1969 256. REC'D BY REGISTRAR'S SIGNATURE DALUL 7 1969	



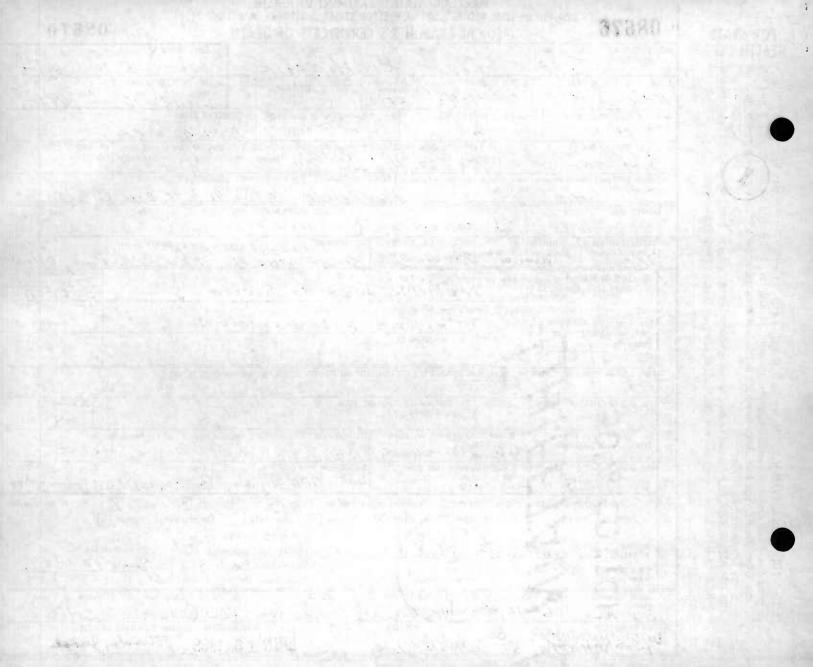
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16			00001	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
P		П	08674		CERTIFICATE OF DEATH		08668
	년 2년	1.	DECEASED-NAME First		Lost	20. DATE OF DEATH	Tot House
	death.		(Type or print)	. //	^	Month Day	Year 2b. HOUR
	do o do		DONA		Robinson	June 30	1969 5 AM
	The second secon	3. :	ŁX	4. RACE	S. DATE OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR IF UNDER 24 HRS
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	in sers	COL	otry	7		M /	
	aper n 72	10	CITY OR TOWN OF DEATH	USA.	WIDOWED DIVORCED	MONTGOMERY	Md.
	within 10	10.	W/ .	give street pddress)	ISTITUTION (If not in hospital 120. USL	JAL OCCUPATION and of work done	12b. KIND OF BUSINESS OR
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	hot the death certifi n. y the attending phy ansit permit. Then emation, or removol	1				an wye -ua	APPROXIMATE INTERVAL
	h o ing	1	18. CAUSE OF DEATH (Enter on	nly one couse per line for (o), (b), ond (c)	.)		BETWEEN ONSET AND DEATH
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	the the sit p		Conditions, if ony, which gove				16/22/10
	nsi me		rise to immediate couse (a),	(p) DI OHCHO-GSO	phageal fistula		41×3167
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	/sic /sic inf- inf- inf-		lost.	(c) carcinoma.	left lung		1. 1400
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	olooloolicate		2 of ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port 2, I	tem 18.)
	のも事事を		OR CONTRIBUTING CAUSE OF DEAT.	TH HOUR A.M. Month Doy Yeor			
	or ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate ge 3 should be detached for us led with the State Dept. of Healt		21d. INJURY OCCURRED 21e.	PLACE OF INTERPLY AT HOME FARM STREET FAC	CTORY.) 21f. LOCATION Street or R.F.D. No	o. City ar Town	6
	PH e h is tac		While Not while	OFFICE BUILDING, ETC.	211. LOCATION SHEET OF K.F.D. NO	. City di town	County Stote
	t t e e		of work of work				
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	A P P P P P P P P P P P P P P P P P P P		saw the deceased a	live an 6 29/69	9, and that in (my) (our) op	inion death occurred on the do	te and hour and from the
0	ATTENI etained CTOR: A should ith the		causes stated obave	e, (I) (we) (did) (did nat) view the	body after death.		
	Ni st FC		22b. SIGNATURE	1 - 1 - 1	ATTENDING	22c. [DATE SIGNED
	OR be r		Zawara J	. Witowski)	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. D	130/69
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	ro Hospital of Page 4 moy be (O FuneRal DIR director, page should be filed	230.	REMOVAL (Specify) 23b. C	7 / / / / /	CEMETERY OR CREMAJORY	23d. LOCATION (City or Town)	(County) (Stote)
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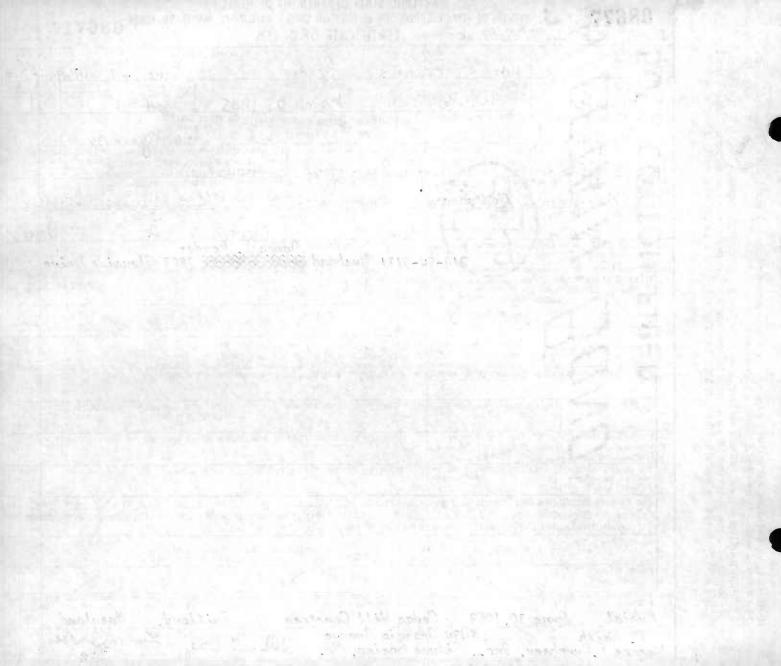
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3	(Fig. 12) 25-35()		ancht	DIVISION OF	F VITAL RECORDS,	301 W. PRESTON STR	EET, BALTIMORE, M	ARYLAND 21201	18660	
1			08675			CERTIFICATE OF I	DEATH		00003	
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	offer ages	3. 3	11 /				(In	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	HOURS MIN
		1	17016	Cauco	2,1100	March	28 1876	93 YRS.		
	24 haurs of in byth pers. Page 72 haurs	70.	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF W	/HAT COUNTRY?	8. MARRIED NEVER MARR	RIED 9. COUNTY	OF DEATH		
	d ir per 72		antan USA	U.S.A.			CED Hom	gamery Cou	esty	Md.
	0 75 (10.	CITY OR TOWN OF DEATH	11.1	NAME OF HOSPITAL OR IN	STITUTION (If nat in hospital	12a. USUAL OCCUPATION	N (Kind of work done	12b. KIND OF E	BUSINESS OR
	New Market	1	Huer Serine	give	street address	Will a forest flower	during most of working		INDUSTRY	
	The see of	13a.	USUAL RESIDENCE (Where decease	sed lived, if institu	itian: Residence befare	13c. CITY OR TOWN		STREET AND NUMBER	Electri	707
	we care event	adm	issian) STATE Harryand	13h COUNTY	ECMERY -		YES NO NO	1 1111 Pl -	4.0	
	and campletely remays rathorn any event, with	14	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAI	IDEN MANE Siret	Middle	16	
	death certificate be executed within tending physician and campletely fill rmit. Then please remave varion pt, ar removal, and in any event, within	1-4.	William J.		binson	Car	oline Wrig			last
	ertificate be physician c nen please noval, and ir	160	. WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO. 17. INFORMANT	Daughte	T Address F	O. Box	144
	fica ysic ple al, c	,	(es, po, ar unknown) (If yes give v	var ar dates of service)			lter Barto	n Rt. 216,	Highla	nd, Md
	th certific ling phys Then premoval,				1					VATE INTERVAL
	attending permit. The		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly ane cause per l n RY:	ine for (o), (b), ond (c)	.)	0.0 11 1		BETWEEN ON	ISET AND DEATH
	ne death attendir permit. ian, ar re	3	IMMEDIA	ATE CAUSE (a)		Ventricular	diffillat	700		
	aff an,		4123		AS A CONSEQUENCE OF	1				
	t the the sit partition afticular		Canditians, if any, which gave rise to immediate couse (a),	(b)		antonosch	utou Heart	DN	207	7-5
m	that the an. by the at ransit pe		stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF					
~,	es ed al-t		last.	(c)			THE PARTY OF			
18	AN: The law requires that the d al ar attending physician. icate has been signed by the att for use as the burial-transit perr Health priar ta burial, crematian,		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	/EN IN PART 1(o)		
111	ng ng l	-		Con	20122	internal land	e a sandi	7.		
11	law ndin beer s the iar t	NTIO!	19a. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS PE	RFORMED 20g. AUTOP	SY? 20b.	IFUES, WERE FINDINGS	ONSIDERED IN CE	RTIFYING
	attending has been se as the th priar ta	FIC				YES 🗀		ES OF DEATH?		
	AN: The law ral ar attending icate has been far use as the Health priar ta	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME C)F INITIPY		JRRED (Enter nature of in	iung in Part 1 or Part 2	Itam 191	
	Figure He		OR CONTRIBUTING CAUSE OF DEM	HOUR AM			AKKED (Elliel lidible of ill	july ili ruli i ur ruli 2,	Hem 10.)	
	spit spit sed in a spit sed in	MEDICAL	(If either, notify medical exomi		A AT HOME SARAH CYREST SA	9				
	OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate le 3 shauld be detached far us ed with the State Dept. af Healt	_	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	ar R.F.D. Na. Ci	ty ar Tawn	County	State
	det det		at wark at wark							
	Aping d by t After d be d be compared be compared by the compa		22a. I certify that (I) (th	is hospi tal) atl	rended the deceas	ed from 4/30	, 19 <u>6 C</u> , to_	6-18,19	65, that	(I) (we) lost
	ATTENDING stained by the CTOR: After I shauld be d		saw the deceased a	live an	/ (did-not) vious the	962, and that in (my bady after death.) (o @) opinion death	occurred on the de	ote and hour o	nd from the
	Trie of the state	13	22b. SIGNATURE	e, (I) (We) (ala)	(dusser) view the	bady after death.				
	R A	13	220. SIGNATURE	X		ATTENDING	MED. DIRECTOR	STAFF	DATE SIGNED	
	TAL OR ATTENE nay be retained AL DIRECTOR: A page 3 shauld e filed with the		KN	of an	en mk	DEGREE PHYS.		J PHYS.	6-19.	-69
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shaulo should be filed with the		22d. PHYSICIAN'S NAME (Type)	H. Sand	lstrom	M.D. 22e. ADDR	701 Carroll	Au Tako	me Xe. k	hd
	O HOSPIT Page 4 mg O FUNERA director, p	-								
	dge FU Shoul	23 a.	BURIAL, CREMATION, 23b. REMOVAL (Specify)	-21 -69	CO O TOCK	CEMETERY OR CREMATORY Washington	D Com Hyrs	ION (City or Town)	(County) Maryl	(State)
	5 5	24		-ZT -03	ADDRESS					,
	VR AIS PA		FUNERAL DIRECTOR BERT A. PUMI	PHREY	Bethesda	Marriand	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S		
	45M - 1/69	150	DEEL IN LOID			,	DATEJUN 2 4 1	989 Mila	way Joed	isk



			DIVICION		ARYLAND STATE DEL			21201	
	FOR STATE		18676 DIVISION		CORDS, 301 W. PRESTO			21201	08670
119	HEALTH DEPT.		CEASED-NAME First	MEDIC	Middle	Last	20. D	ATE KNOWN Month	Day Yeor 2b. HOUR
	is to of of	((pe or Print) TERRY	1 1	188 RO	dEhAPY	1 - 4	OF ESTI-	10 1969 / 15 W
	deloy is and 3 to M8. Poge	3. S		S. DATE OF BIR	last birthday)	MONTHS DAYS		ATE PRONOUNCED DEAD	Year 2d. Hour
		. "	7,2	10-3		AARRIED NEVER MARR		54116	189 AM
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	Poges with for	10. (TY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTITUTI	ON (If not in haspital	120. USUAL OCCUPATI	ON (Kind of work dane	12b. KIND OF BUSINESS OR
	ofter deo	1	EthESdA	149	treet oddress) 70 High	way hesda			INDUSTRY
	de of h		USUAL RESIDENCE (Where deceased mission) STATE	lived, if institu 136. COUNTY	tian: Residence befare 136. Cl	4 1 1	INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER	0 70
	nm 1 fice nd 2	14. 6	THER'S NAME First	Middle	Lost	15. MOTHER'S MAIDE	- 00	Middle	last .
	4 hour ltem s Office 1 ond 2		DALE	J.	RODEHAEFER	UNK	NOWN		6031
	hin 24 hours ncil in Item 1 niner's Office pages 1 ond 2 hours offer c	16a.	VAS DECEASED EVER IN U.S. ARMED FO	RCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT DAL	E J. RODEHI	AE FEADORESS	14-4
	with per xom xom 72 l	-	165. Ho	tive	286-44-3558	203 FRA	YNE PR.	NEW CARL	ISLE OHIO
	uted gr in cal E nit. F	1	18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	ane cause per li BY:	ne far (a), (b), ond (c).)	Injuries	Severe		BETWEEN ONSET AND DEATH Sucide 17.
	Meding Meding perr		2/6/	CAUSE (o)	AC A CONFESSION OF				Juliaeij.
	pe ever		Conditions, if ony, which gove rise to immediate couse (o).	(b)	Travina.	Auto A	ccrclen	+-	
	vord vord ne Cl ol-tra any		stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF				
1	execute the certificate, writing the word "pending" in pencil in Item 18. Give Cognor. Page 4 should be forwarded to the Chief Medical Exominer's Office along with the for your files. CTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Stoburol, cremotion, or removal, and in any event within 72 hours ofter death.		lost.	(c)	NO TO DEATH BUT NOT BELATE	D TO THE TERMINAL DIS		W 10 0 0 0 1 1 1	
0			PART 2. OTHER SIGNIFICANT CONDITI	ON2 CONTRIBUTI	NG TO DEATH BUT NOT KELATE	D TO THE TERMINAL DIS	EASE OR CONDITION GIVE	N IN PAKI I(0)	
4	writi writi rwar rwar sed	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WHICH C	PERATION			20. AUTOPSY?
0	This circate, be for d be u	RTIFIC			WAS PERFORMED?				YES NO 🗆
	INER: This certificate, writ should be forwar files. 3 should be used notion, or remova	CAL CE	21a. EXTERNAL CAUSE WAS PRIMARY (C) OR CONTRIBUTING	HOUR A.	M. June 101969			njury in Part 1 or Port 2, Ite	
	INER: e cer shoul files. 3 shou	MEDICAL			At hame, form, street,	21f. LOCATION Street or		City or Town	Caunty State
	ICAL EXAMINER: This of a execute the certificate, tor. Page 4 should be foed for your files. CTOR: Page 3 should be uburiol, cremotion, or rem	1	WHILE AT WORK AT WORK	High w		495+270	-Highway 13	Bethesda_Mo	ntgemery Md
	DEPUTY DICAL EXAM ressory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	9	22a. I certify that I tac		ne remains described abo				and in my apinian
	ssory, please es funeral director. by be retoined interctor. In prior to but the prior the prior the prior to but the prior the		death resulted fram:	Natural caus	ses 🔲 , Accident 🔀 ,	Suicide,	Hamicide 🔲, Ur	determined manner	
	ry blease yy, please red direct be retoine (AL DIREC		ACTUAL	Da	2.00		MEDICAL EXAMINER	22b. DATE :	SIGNED
	ory, nergl be be pri		SIGNATURE EXAMINER'S	m)	· mee	m.D.	ANT MEDICAL EXAMINER Y MEDICAL EXAMINER		10,1969.
	necessory, please exthe function of the functi		NAME (Type)				ESS(Street, city, town, or	county)	
	0 5 ± 2 0 ±	230	BURIAL, CREMATION, 23b. D	ATE	23c. NAME OF CEMETE		0	0.	(Caunty) (Stote)
		24.	BURIAL 16-	170	NEW CARLIS		Com NEW 250. REC'D BY REGISTRAL	CARLISLE 25b. REGISTRAR'S	OH 10 SIGNATURE
	VR A15ME (5) 10M REV. 1/68		1400 CHAPIN	ST.	WASH. De		AUN 16 196	39 golianle	Judge

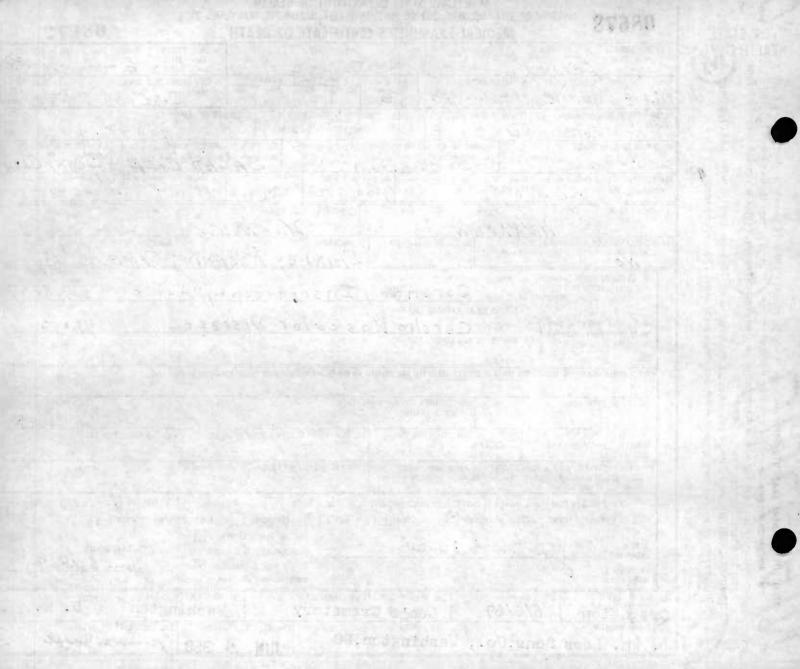


	MARYLAND STATE DEPARTMENT OF HEALTH	
1	08677 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 086	7 1
	Item13 FilmG414 7/15/69 kk CERTIFICATE OF DEATH	7
ter death.	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
pao	(Type or print) gertrude Frances Roeder Grune 27	1969 405 AM
3.	SEX _ 4. RACE S. DATE OF BIRTH 6/AGE (In years IF UNDER	
	Female White March 25, 1905 Yast birthday) YRS. MONTHS	DAYS HOURS MIN
	2. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
(0	Virginia America WIDOWED DIVORCED Montgomery	Md.
10), CITY OR TOWN OF DEATH [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital [12a, USUAL OCCUPATION (Kind of work) done [12]	KIND OF BUSINESS OR
11	Takoma Park Dive street poddress) San + Hosp. during most of working life, even if retired.) INDI	USTRY
13	ta. USUAL RESIDENCE (Where deceased lived, if institution: Residence lefare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1
ua ua	mission) STATE avyland 136. Monthed diety Takoma lark YES NO 7803 Glenside	Drave
14	4. FATHER'S NAME FOR Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Nast
	Henry T King Gertrude A	Jones
16	60. WAS DECEASED EVER IN U.S. & MED FORCES? Yes, na, ar unknawn) (II yes give war or dotes of service) 16b. SOCIAL SECURITY NO.) 17. INFORMANT Games Roeder Address	0
	1es, nd, dr Unknawn) (1 yes give war of across of service) 219-54-9131 Jusband (2008) 2008 7803 Glenside	
	1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Scholar Cerebra	gradual
	43 9 DUE TO, OR AS A CONSEQUENCE OF 1 1	
	(conditions, if any, which gove) Cury (b) Creby (hours)	11 what
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c) the court of special of	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
2		
CEDTIEICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDER	RED IN CERTIFYING
EDTIE	YES NO CONTRACT WAS THEFT OF THE OF T	
		.)
MEDICAL	(if either, natify medical examiner) P.M. 19	
1	21d. INJURY OCCURRED While Not while at work at work of INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City or Town Coun	ty Stote
		that (1) ()
	22a. I certify that (I) (this hospital) attended the deceased fram 19, and that in (my) (aur) opinion death accurred an the date and	, that (I) (we) last
1	causes stated abave, (I) (we) (did) (did nat) view the bady after death.	a naor ana mam me
	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIG	GNED
	DEGREE PHYS. L. DIRECTOR L. PHYS.	
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 3	9
L		(-3
23	30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Court	, ,
24		land
124	Warner E. Pumphrey, Inc., Silver Spring, Md. DATE 250 BY REGISTRAR SOLGHAM DATE 250 AND 250 250 AND 25	indge.
	Warner E. Pumphrey, Inc., Silver Spring, Md. DATE DOOD "	



2	20	08678 DIVISION OF VITAL RECORD			AND 21201	
FOR STATE		MEDICAL	EXAMINER'S CER	TIFICATE OF DEATH		08672
HEALTH DEPT.		CEASED-NAME First	Middle	7 Last	2a. DATE KNOWN Manth	Day Yeor 2b. HOUR
ge de si	-	Kenneth	7	oland	OF ESTI- DEATH MATED 2 6 -	6 1969/000
deloy and 3 A3. Po	3. S		6. AGE (In years last buthleday) M	IF UNDER TYEAR IF UNDER 24 HRS IONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD	2d. HOUR
ny deloy is 2, and 3 to PM3. Poge		Ale white 1-26-	13 56 yrs.		Month Juse Day 6	Year 1969 10 A
0		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COL			NTY OF DEATH	
form form		MNew Jersey U.S.	A WIDOW		nontgomer	
r deoth any ve Pages 1, 2, a with form PM	(0)	aive street o	F HOSPITAL OR INSTITUTION (I		CUPATION (Kind of work done f working life, even if retired.)	12b. KIND OF BUSINESS OR
Give Pages ong with for the Stote	4,000	WIES WAL	LOUKBAN	V14.	SAD CHEF	LOUNTRY CLUZ
deo de	0	USUAL RESIDENCE (Where deceased lived, if institution: I missian) STATE	Residence betare 13c. CITY OF		619 N.C. AV	enue S.E.
hours Item Office I and 2	14. F	ATHER'S NAME First Middle	Last 1	S. MOTHER'S MAIDEN NAME First	Middle	Last
1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		UNKNOWN		UNKNO		
within 24 pencil in maminer's reminer's 72 hours		VAS DECEASED EVER IN U.S. ARMED FORCES? es, na, or yaknown) (If yes give war or dates of service)		INFORMANT	ADDRESS	1 #14
with per 22		No		HIRLEY NOW	AND - SAME	APPROXIMATE INTERVAL
be executed "pending in inet Medical M		1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:		- 11	4 4	GETWEEN ONSET AND DEATH
executed bending I f Medical int permit.		IMMEDIATE CAUSE (a)		Insofficen	ey Acute	Sodden.
be executed pending in itely Medical M		Conditions, if any, which gave	CONSEQUENCE OF	seular Disa	2260	Herrs.
d b rd b rd Chie Chie	6	rise to immediate cause (a), (b)		5.00/21 0/3	63 6 2	70000
should be e re word "per o the Chief! burial-transit		stating the underlying cause last.	CONSEQUENCE OF			
is certificate should be execu e, writing the word "pending forworded to the Chief Medic e used os a burial-transit perm emovol, and in any event with		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(o)	
certificate writing th irworded t	7				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
This certificate, writing the forward or be used or (removal,	CERTIFICATION		ONDITION FOR WHICH OPERA	TION		20. AUTOPSY?
This cate, be for	TIFIC		WAS PERFORMED?			YES NO 💢
ifico ifico d bo d bo d bo	I CER	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY PRIMARY OR CONTRIBUTING HOUR A.M.	/ Manth, Day, Year 21c.	HOW INJURY OCCURRED (Enter natu	re of injury in Part 1 or Part 2, Ite	em IB.)
NER: The certifice hould be should be should litter.	MEDICAL	CAUSE OF DEATH P.M.	19			
	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At harr factory, affice building, etc.)		LOCATION Street at R.F.D. Na.	City ar Tawn	County State
EXAMINER: ute the cert oge 4 shoul your files. Poge 3 shou I, cremation		WHILE AT WORK AT WORK				
AL E exect r. Por l for ror: uriol,		220. I certify that I took charge of the re			pection 🔀, Inquiry 🔀	
bicase explication director. etoined DIRECTOR or to bus		death resulted fram: Natural causes	, Accident ,		Undetermined manner	
Ty Dic.		ACTUAL Oalon & 1	320	CHIEF MEDICAL EXAMIN		CIGNED
Pri Pri		SIGNATURE	0. –	M.D. ASSISTANT MEDICAL EXAM		6,1969
O DEPUTY necessory, F the funeral 5 may be r 0 FUNERAL Health price	3	EXAMINER'S NAME (Type)		ADDRESS(Street, city, to		
TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	230	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY O			(Caunty) (State)
	C	remation 6/8/69	Lee's Cre		Washington	D. C.
	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY RE		4.5
VR A15ME (5) 10M REV. 1/68	J	. Wm. Lees Sons, Co., I	washington,	DC DATIN 9	1969 yours	o Judge

MARYLAND STATE DEPARTMENT OF HEALTH



FUNERAL DIRECTOR

30M REV. 1/68

72Sb. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR

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	1	MARILAND STATE DEFARMACION OF REALTH	
7	Н	08680 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	74
		CERTIFICATE OF DEATH	
eath. Ind 2 eath.		DECEASED-NAME First Middle RUSSAKOFF 20. DATE OF DEATH Month DAS ME	769 765AM
r d	3 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1)	
within 24 hours after death sly filled in by the funeral on papers. Pages 1 and 2 within 72 hours after death	0. 3		OAYS HOURS MIN.
hour hour hour hour	70. cau	O. BIRTHPLACE (Stote or foreign ountry) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED WIDOWED DIVORCED	0) /
24. Z4.	10	13(331)	ID OF BUSINESS OR
requires that the death certificate be executed within 24 hours after death physician. signed by the attending physicion and campletely filled in by, the funeral burial-transit permit. Then please remave carbon papers. Pages I and 2 burial, cremation, ar remaval, and in any event, within 72 hours after death		120cleville givestreet address) None of Aged during most at working life, even if retired.) INDUST	
ecuted with campletely give carbor y event, with	13a	3a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmissian) STATE M.d. 136 COUNTY WHY 2++ SVIN 1785 NO 6615 24+b Ave	
am am	OGII	dmissian) STATE Md. 136 COUNTY Georgesy W. Hyattsville No 6615 24th Ave.	
Du ama du	14.	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
d in die		· Unk Unk	
ertificate be physicion of ten please iaval, and is		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Yes, no, or unknown) (If yes give war or dates of service)	nghillL
ohys en parval		60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one course per line for (a) (b) and (c))	Md.
ng I The		10. CAOSE OF DEATH (Line) one couse per line gr (u), ju), one (t).	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
te death cer attending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterios clerosis, Cerebral 12	1473
affe on,			1
the sit practice		Conditions, if ony, which gave rise to immediate cause (a), (b) The rise to immediate cause (a), (c)	syrs
quires that thy physician. signed by the burial-transit burial, crema	Ш	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
79 equires the physician. signed by burial-trar		lost. (c)	
phy sign burn burn burn burn burn burn burn bur		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
the een	NO	USTEO POTOSIS	III CERTIFICATIO
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerted to be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a director, page 3 shauld be detached for use as the burial-transit permit. Then please remains shauld be filed with the State Dept. at Health priar to burial, cremation, ar remayal, and in any	CERTIFICATION	19a. DATE OF OPERATION 19b. PONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	IN CERTIFYING
or or use ealth			
d fife alter	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year	
IDING PHYSICIAN: 1 by the hospital or After this certificate 1 be detached for us 5 tate Dept. af Health	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Place 1 or R.F.D. No. City or Town	State
this this De	16	ot work of work	
by there be contacted that		22g certify that (1) (this haspital) amended the deceased from \$ - 20 1960, to 3 like 1819 69.	that (I) (we) last
END ed R: A lid	12	saw the deceased alive on	our ond from the
To tain the that the that the that the the the the the the the the the th		22b. SIGNATURE 22c. DATE SIGNE	FD.
REG W		DEGRET PHYS. DIRECTOR DIRECTOR PHYS.	
AL CALL		22d. PHYSICIAN'S // ADDRESS,	PI
ERA	L	NAME (Type) Itelhz J. Lirge Hebreus Home of Greater Washington	Nockville
TO HOSPITAL OR ATTEN Page 4 moy be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the	230	30. BURIAL, CREMATION, 23b. DATE Sc. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 F A	T	REMOVAL (Specify) 6/20/69 Mt. Hebron Cem. Flushing, N.Y.	REPLETE
	24.	4. FUNERAL DIRECTOR 39981 14th St. N. 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	E
VR A15 (4) 30M REV. 1/68	I.	Bernard Danzansky & Sons Wash D.C. 2001 PATE JUN 2 3 1969 guantes	Judge
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Envir E - KUSSAKOFIE 6 15 46 753 THE STREET STREET Warnet month The property was a series of the series . Swi. ____. . Coorder M. Clys Chaville col. 200. Lvd. Ceralt Russ, Grandapp. of Johnston Vd. What the name and a series in the properties of the season of the seaso Million of the Contract of the State of the They grand by so we shall be Marca Hay a glasser to a color for the forth Borlos (20/6) Altheorem Jan. Piudhloo N.V. 3501 Idan St.VW Sydnard Dansangey Elans (500 Idan Juli 23 200 Ververs (500

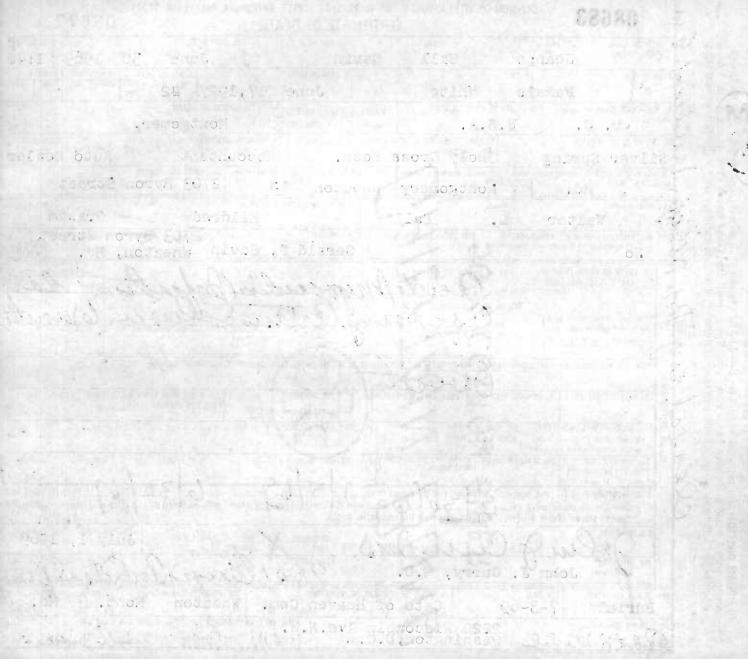
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160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, page-projection of lives give were referred at service) 166. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (COURSED LINE (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (COURSED LINE (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (COURSED LINE (Enter only one course par line for (a), (b), and (c).) 18. CAUSE OF DEATH (COURSED LINE (Enter only one course par line for (a), (b), and (c),	be e and e rei		14 Lot Sacks Thomas Maide His Middle Lost
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if on, which gove ties to immediate cause (o). Storing the underlying cause to apply to a public to apply to ap	ding t. Tr		PART I, DEATH WAS CAUSED BY
Conditions, if only, which gove rise to immediate course (o), storing the underlying course of immediate course of individual cour	dec atten ermi		
The Difference Course of Management Course of	t the sit p		Conditions, if only, which gove)
OST PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	by by tran		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
DE DE LES DE LES DE L'ANDITION CONTRIBUTING L'ONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 190. DATE OF	uires mysic gned urial-		
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO	v requing plants in a plants i	N	Conga the heart failme.
210. ACCIDENT WAS UNDERLYING CAUSE of PEATH HOUR A.M. Month Day Yeor Indicated the deceased of the deceased from the deceased draw causes stated abave, (I) (we) did) (did nat) view the bady after death. 210. ACCIDENT WAS UNDERLYING CAUSE OF INJURY HOUR A.M. Month Day Yeor Indicated the deceased (Enter noture of injury in Port 1 or Port 2, Item 1B.) 210. ACCIDENT WAS UNDERLYING CAUSE OF INJURY HOUR A.M. Month Day Yeor Indicated the deceased (Indicated the deceased from the deceased of the deceased from the deceased from the deceased dive and the deceased from the deceased dive and the deceased dive and the deceased from the deceased dive and the decea	The lay attend attend has be use as the priar	RTIFICATION	YES NO CAUSES OF DEATH?
21d. INJURY OCCURRED While Not while at work of work of the deceased from 1969, and that in (my) (our) apinian death occurred an the date and haur and from causes stated above, (I) (we) (did) (did nat) view the bady after death.	ICIAN: oital ar tificate d far u af Heal		I TOK CONTRIBUTING T TCAUSE OF DEATH T HOUR A.M. MONTH BOY TENT
22a. I certify that (I) (this haspital) attended the deceased fram 1962, and that in (my) (our) apinian death occurred an the date and haur and fram causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR DIR	PHYS he has this cell detache be Dept.	, ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. (ity or Town County State
Saw the deceased drive an and fram causes stated abave, (I) (we) (did nat) view the bady after death. 22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DIRECTOR PHYS. 22c. DATE SIGNED 22d. DATE SIGNED	by t offer offer be of State		22a. I certify that (I) (this haspital) attended the deceased fram 1967, to 1967, to 1967, that (I) (we) last
22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNED	TEN ined OR: A suld the		saw the deceased alive an
DEGREE PHYS. DIRECTOR PHYS. PHYS. LI gray 9 /8 /6	R AI reto		
	V be y be goe filled		973 PHYSICIAN'S
NAME (Type) Siddley J. Cohen, M.O 50 W. Gdmonton pr., nochille, Md	SPITA 4 ma IERAI ar, pa d be		
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)	oge oge Fur Fur shaul	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
24. FUNERAL DIRECTOR ADDRESSO 1 1 4+1- C+ 250, REC'D BY REGISTRAR 256, REGISTRAP'S SIGNATURE		24.	FUNERAL DIRECTOR ADDRESSO 1 1 4 +1 C + 250, REC'D BY REGISTRAR 25b, REGISTRAP'S SIGNATURE
VR A15 (4) Bernard Danzansky & Sons ADDS SOL 14th St 250. REGISTRAR Bernard Danzansky & Sons Wash. N.W. DATE 13 1969 Clearly Judge	VR A15 (4) 45M - 1/69	В	ernard Danzansky & Sons 3001 14th Stilling a cool off

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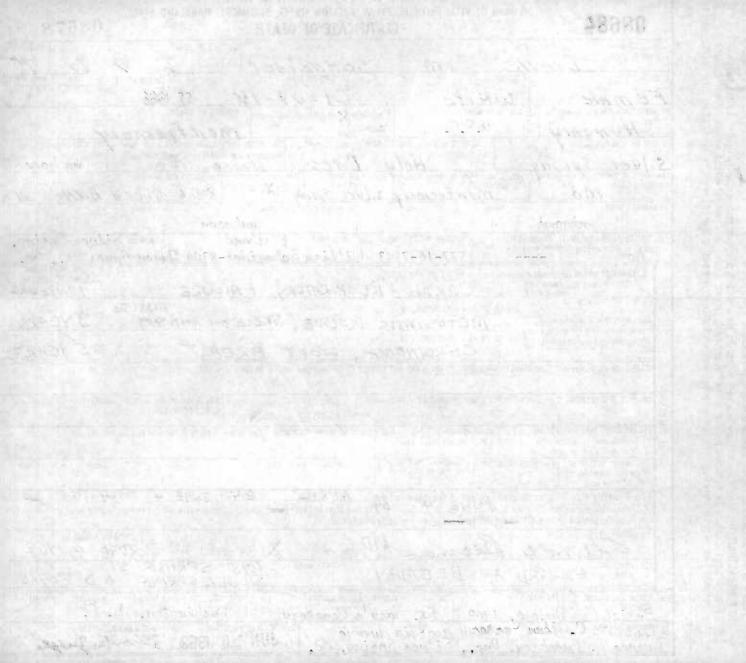
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FOR STATE HEALTH DEPT.	086	- 19		R'S CERTIFICATE OF D	EATH	08676
MEALIN DEFT.	DECEASED-NAME (Type ar Print)	k SANDERS	Middle NINI	MARVIN	OF ESTI-	th Day Year 2b. Hour -27 169 624 _M
delay tment	3. SEX MALE	4. RACE NEGRO	E /77/20 lost	E (In years IF UNDER 1 YEAR IF UNDER birthdoy) MONTHS DAYS HOURS	2c. DATE PRONOUNCED DEAD Manth 6 Day	27 Year 69 6:24
If any learn of the Depart	7a. BIRTHPLACE (Sto	LINA (IZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
For Peach It of Pe		er Spring	give street addressHolly	Cross Hosp duying	USUAL OCCUPATION (Kind af wark dan g mast af warking life, even if retired	.) INDUSTRY
de w Col	admissian) STAT	E M.C. 13th	ed, if institution Residence before	h Sil Spr. YES X	NO □ 1954 Rose	mary Hills D
BALTIMO 24 haurs in Item r's Office ss Tand 2	14. FATHER'S NAME	PALTER	Middle Last NNI SAND	15. MOTHER'S MAIDEN NAME L'	LIAN UMI	Austin
	(Yes, na, ar ynkna		ates of service) 246 344-9	126 MRS. LOEGE	SANDERS	SAME APPROXIMATE INTERVAL
V. PRESTON STREET, be executed within "pending" in pending in pending to pending to pending to pending the pending to pending the pending to pending the pending to pending the pending within 72 hours	18. CAUSE O PART 1.	IMMEDIATE CAI	cause per line far (a), (b), and (c). USE (a) Severe DUE TO, OR AS A CONSEQUENCE OF	racty metamorphic	sis of liver;	BETWEEN ONSET AND DEATH
W. PRE d be ex d "pend Chief Mn fransit p	rise ta imme	any, which gave		l fat embolizat:	Lon	
s, 301 W. P. s. shauld be en the ward "per ta the Chief in burial-transit in any even	last.	inderlying coose	(c)	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
Itis certificate shauld be executed tate, writing the ward "pending" is forwarded to the Chief Medical be used as a burial-transit permit.			196. CONDITION FOR 1	WHICH OPERATION	CONDITION OF THE PART TO	20. AUTOPSY?
N OF VITAL REC ER: This certificate, writing auld be forward es. should be used a forward ar remayal,	19a. DATE OF 21a. EXTERNAL		WAS PERFORMED 21b. TIME OF INJURY Manth, Day, Yeo HOUR A.M.		inter nature af injury in Part 1 ar Part	YES NO
3 Still Sh	CAUSE OF DEA	CCURRED 21e. PLACE factory,	P.M. 19 OF INJURY (At hame, farm, street, affice building, etc.)	21f. LOCATION Street ar R.F.D. N	a. City ar Tawn	Caunty State
		certify that I taak o	harge of the remains describ	ed obave, held an Autopsy X,	Inspection Inquiry	
TY MEDICAL y, please exerted director. For Alpha for Al	ACTUAL SIGNATURE	100	Cen /	CHIEF MEDICA	L EXAMINER	ATE SIGNED
O DEPUTY necessary, the funera 5 may be 0 FUNERALI	EXAMINER'S NAME (Type	BELDE	EN R. A	DEPUTY MEDIN	tolly lawing a (aunty)	ne 27, 1969
10 Te	23a. BURIAL, CREM REMOVAL (Spi		69 REST	CEMETERY OR CREMATORY HEVEN CEM 100	WILSON, N.	(Caunty) (State)
VR A15ME (5) 10M : 1/69	Se Few	Mafrey		STH ST., N. W 25a, REC NGTON, D.C. DATEJ		AR'S SIGNATURE

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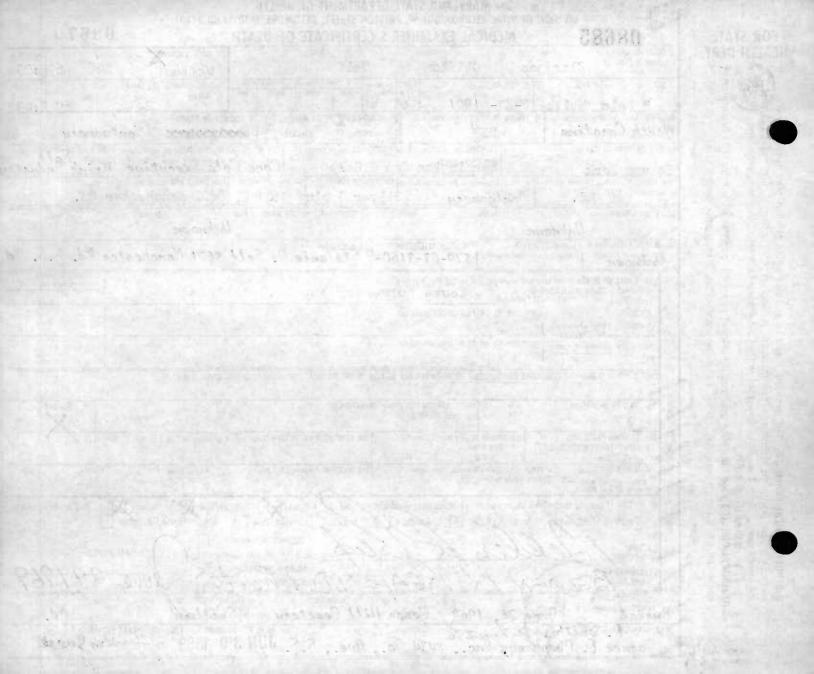
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-	100	08683	DIVISION OF VITAL RECORDS		ALTIMORE, MARYLAND 21201	00000
,	7.0	00000		CERTIFICATE OF DEAT	H	08677
	£ _2 £ W	17 : 1	irst Middle	Last	2a. DATE OF DEATH	2b. HOUR
	funeral and 2 er death.	(Type or print) Je	anne Ball	Savin	June 30	1989 1:40
	after death e funeral ges I and 2 after death	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Fe	male White	June	17,1927 last highday) YRS.	MONTHS DAYS HOURS MIN
	hours after full same after haurs after	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	illed in papers.	country) D. C.	U.S.A.	WIDOWED DIVORCED	Montgomery	Md.
		no. CITY OR TOWN OF DEATH Silver Sprir	aire street address	NSTITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work done or most of working life even if retired.)	12b. KIND OF BUSINESS OR AUTO Dealer
	e executed with and campletely remave carban n any event, with		eosed lived, if institution: Residence before 13b. COUNTONT SOME TO	e 13c CITY OR TOWN 13d INSIDE	NO 2703 Byron	Street
	T Ca may	N4. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NA		Lost
	ate be exercian and a lease rema and in any	Walte			Mildred	Graham
	t the death certificate by the attending physician (sit permit. Then please nation, ar remaval, and in	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURIT			on Street
	phys en gaval,) NO		Gerald F.	Savin Wheaton	Md. (DON)
	ing ing rem	18. CAUSE OF DEATH (Ente	anly one cause per line for (a), (b), and (1	1-10.1 A	GETWEEN ONSET AND GEATH
	dear thenc rmit r, ar	T III	EDIATE CAUSE (a)	e myrcain	was myrice	on I day
	the at the distribution of	Canditians, if any, which go	DUE TO, OP AS A CONSEQUENCE C	sassi (onti	12 allen	- COVIATE
	hat n. yy # ansi	rise to immediate cause (stating the underlying cou	a), (b)	OF COURT	W Sand	- White
	es t sicial ed b al-fr	ast.	(c)	V		
2	requires that the physician. I signed by the puricipal puricipal comments of puricipal puri	Φ	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(0)	1
1	daw ndin ndin s the s the	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
1	The attended has se a the pr			YES N	CAUSES OF DEATH?	
	ate ate	21a. ACCIDENT WAS UNDER			(Enter noture of injury in Port 1 or Port 2	Item 18.)
	Pital Parity of Hilling	G (If either, notify medical ex	ominer) P.M.	19		Average of the same
	has see ache		210. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY, 21f. LOCATION Street or R.F.L). No. City ar Town	County State
	te de the be	While Nat while at wark of work	6.1.6			19 11 1111
	State of Sta		(this haspital) attended the deced	sed from	apinian death accurred on the d	to and hour and tram the
86	R: A	causes stated ab	ave, (I) (we) (aid) (did set) view th	e bady after death.	apinian deam accorred on me a	are qua naoi ana nam me
	ECT BEST OF SHIP WITH WITH	22b. SIGNATURE	00.	ATTENDING A	MED. STAFF STAFF	DATE SIGNED 1969
	DIR be	John M.	(A. Chry	D GREE PHYS.	MED. STAFF DIRECTOR PHYS.	2 19 1909
	HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital or attending FUNERAL DIRECTOR: After this certificate has been rector, page 3 should be detached for use as the nould be filed with the State Dept. af Health priar to	22d. PHYRICIANS	n J. Curry, M.D	22e ADDRESS	1 Beigin and	silve Irin
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then physhould be filed with the State Dept. of Health prior to burial, crematian, ar remayal,	230. BURIAL, CREMATION, 2	7-3-69 Gate	of Heaven Cem	23d. LOCATION (City or Town) Wheaton Mor	nt (County) (State)
	VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR	2222 Wiston	hsin Ave.N. Woo. RE	CD BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
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-	The law reatending has been se as the th priar ta	CERTIFICATION				YES 🗀	NO 🔀	CAUSES OF DEATH?			
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	REC 3	Н	220. SIGNATURE	16 Bon.	MI	ATTENDING PHYS.	MED. DIRECTOR	STAFF		4 19	769
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	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. of Healt	=						ER SPRING			
	HO age	23a	BURIAL, CREMATION, 23b R&MOVAL (Specify) -		NAME OF CEMETERY			LOCATION (City or Town	(Col	unty) ((State)
	5 5 5 p v	41	Burral, Ilu			s Cemeter		Vashington,		- 0	
	VR A15(4)	120	FUNERAL SHREETER C. GG		ADDRESS Ave	rivie 1	Sa. REC'D BY REGIS		TRAR'S SIGNA		
	30M REV. WOR	1	Varner E. Pump	hrey, Inc. Si	lver Spri	ng. Md. D	ATE UN L U	1969 /	leaves	1 Judge	2 /
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15	7-14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		3679
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI- OF ESTI- DEATH MATED 6 24	- Ct
dela My dela M	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years least birthday) Norths OAYS HOURS MIN. Manth Day 68 YRS.	Year 1960 2:00 M
form form	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGO	
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b.	KIND OF BUSINESS OR USIRY Pridustr
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 124 COUNTY Silver Spring YES NO 8601 Manchester	
	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Unknown	Last
within 24 h n pencil in It Examiner's C File poges	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 579-03-3160-A Stefanie O. Self 8601 Manchester	Rd. 5.5. Md
hould be executed word "pending" in the Chief Medicol E rriol-tronsit permit. F n ony event within	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Acute pulmonary emboli, bilateral DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause lost. (c) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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3 3 + S 6	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21c. PLACE OF INJURY (At hame, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town Co	ounty Stote
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, cren	22a. I certify that track charge of the remains described above held an Autapsy Inspection Inquiry Charlest Inquiry Chief Medical Examiner Actual SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNATURE DEBUTY MEDICAL EXAMINER ADDRESS IN MEDICAL EXAMINER ADD	and in my apinian RED RED (State) Md.
VR A15ME (5)	24. FUNERAL DRECTORS mith 25 June 20 1909 Cedar New Cemerary Succession 250. REGISTRAR'S SIGN. Warner E. Pumphreyn Inc., 8434 Ga., Ave., S. Sate JUN 3 0 1969 Charles	ATURE



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	rian ease and i	160	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT		Address	Wash.	D.C.
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	ng p The		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a),	(b), and (c).)		*	Side by	GETWEEN ON	ATE INTERVAL ISET AND GEATH
	the att		PART I. DEATH WAS CAUSED	TE CAUSE (o)	rebral u	escular i	actilents	+ preumon	a 12	ay
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	Sica spito ertifi ed f	MEDICAL	(If either, notify medical exami	ner) P.M.	19	A LOCATION Chank	as D.C.D. No.	City or Town	County	State
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	Page O Fu	230	BURIAL, CREMATION, REMOVAL (Specify) Burial		nai Isra	el Cem.	0)	kon Hill,		(31016)
	VR A15 (4)	24.	FUNERAL DIRECTOR Exnard Danzar	ska & sons			DEC'D BY REGISTR			
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ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08681 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Yeor. (Type or Print) OF ESTI-DEATH MATED IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Year 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED [11. NAME OF HOSPITAL OR MISTITUTION (If not in Mospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 8. Give Housewill alona with death. 3a. USUAL RESIDENCE (Where deceased lives, if institution 13e. STREET AND NUMBERA admission) STATE 13b. COUNTY Office l and 2 in Item 1 after 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Kina Poole Ellen Virginia 24 haurs bages Chief Medical Examiner's pencil i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. be executed within 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) Thelma Birdsell-1310 Noves Dr Mrs. File .= within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Intracerebral hemorrhage, IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gove right frontal and parietal lobes; rise to immediate cause (a). writing the word any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be forwarded ta the Cerebral arteriosclerosis .= oug PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 go remaval CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? icate. pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 shauld 4 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) NOT WHILE I AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I tack charge of the remains described above held an Autopsy Inspection and in my apinian death resulted from: Natural causes X Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 5 may 1 ro FUNEI Health **EXAMINER'S** NAME (Type) 23a. BURIAL CREMATION 23d. LOCATION (Cry or Town) (State) (County) REMOVAL (Specify) Glenwood Cemetery Washington 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Milaria VR A15ME (5) Inc. Silver Spring. 10M REV. 1/68

15 MAKYLANU STATE DEPAKIMENT OF HEALTH

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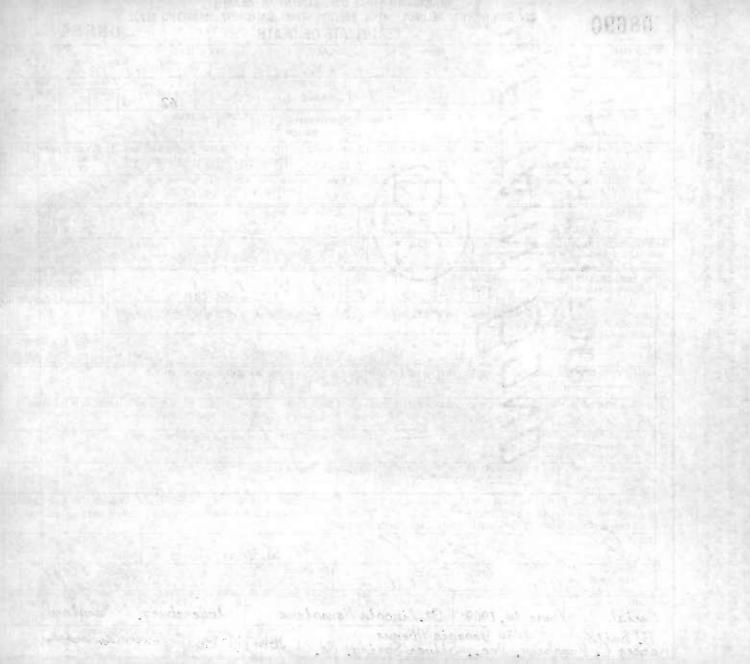
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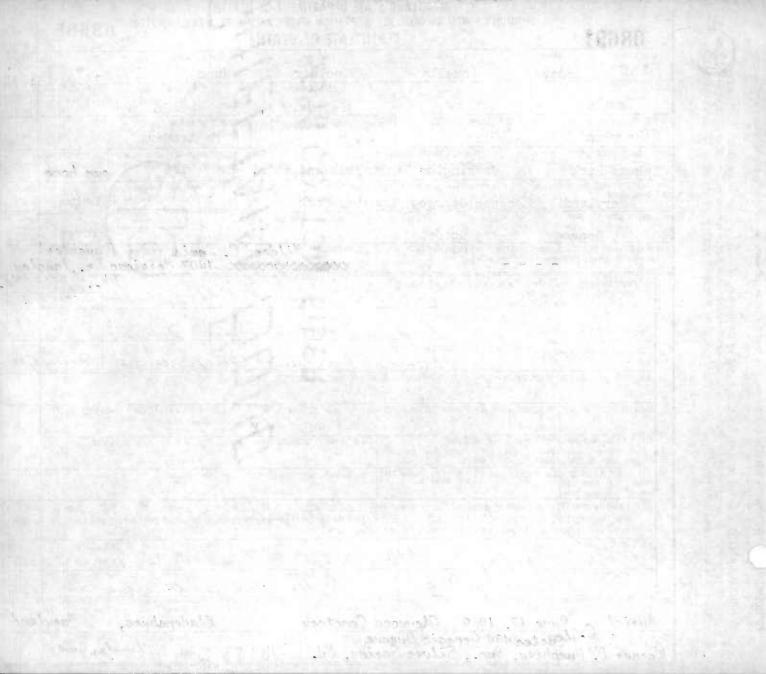
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	00000	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTIM	ORE, MARYLAND 21201	
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ficol for for fixed	G OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Day Ye	10	iole of injury in roll 1 of roll 2, field	10.)
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NING PHYSICIAN: by the hospital or ffer this certificate be detoched for u state Dept. of Heal	While Not while at work	OFFICE BUILDING, ETC.	The Edestion Sheet of Kills. No.	city of fown	outly Stole
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NDI NDI Id b Id b Id b Id b	saw the deceased a	ive on 6/24	used from 6/23, 19 69 19 6 9 and that in (my) (our) opinio	n deoth occurred on the dote	and hour and from the
ATTENIC ATTENIC Stoined CTOR: A Should ith the	couses stated above	, (I) (we) (did) (did not) view th	e bady after deoth.		
OR ATTEND be retoined DIRECTOR: A ge 3 should ed with the	22b. SIGNATURE	Di: 1100	ATTENDING MED.	STAFF 222 DATE	
TAL Only be AL DIR poge e filed	22d. PHYSICIAN'S	racelle , 1	DEGREE PHYS. DIREC	TOR PHYS. L. 6-2	25-69
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Shog Shog	DEMONIAL (C 15)			3d. LOCATION (City or Town) (Carry December 1) (City or Town)	ounty) (State)
	24. FUNERAL DIRECTOR	ADDRE			
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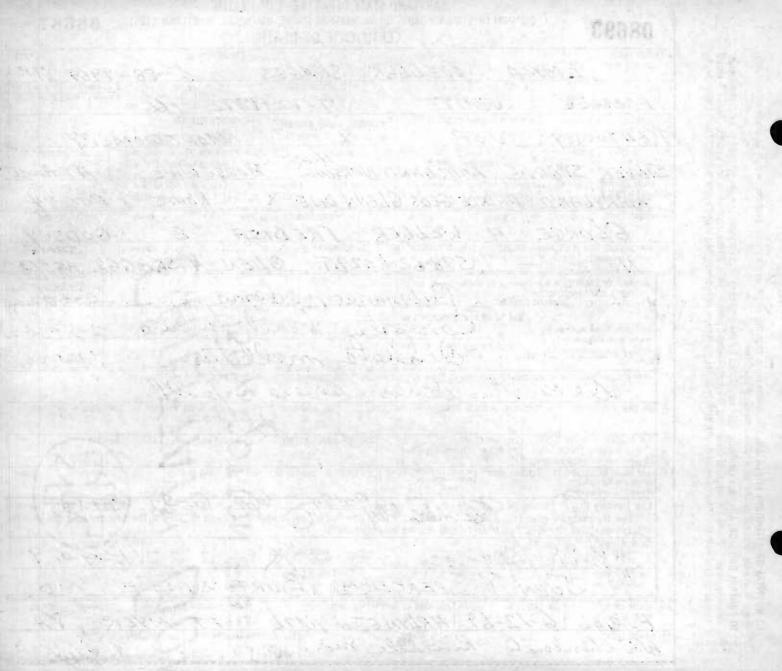
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4	0= /	14.	FATHER'S NAME First Thoma	Middle S W	JETE		. MOTHER'S MAIDEN	NAME First	Middle	Bul	lard.
certhicate	physician en please aval, and i		. WAS DECEASED EVER IN U.S. AR es, no, or unknown) (Il yes give	MED FORCES? war or dates of service}	16b. SOCIAL SECURIT		NEORMANT ARRY /	1 SINONS	Address 600WIN	HAllw	-
of the deoth	ottending permit. Th		Conditions, if ony, which gove rise to immediate couse (a),	ED BY: IATE CAUSE (a) O GUETO OX	0 111	2 Me	tastat lest w	0/1	noma domina	BETWEEN ON	ATE INTERVAL USET AND DEATH
7 4 /	ig physicion. n signed by the e burial-tronsit a buriol, cremo'		stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CO	1 The	May	Hacu		ona Kt	- Bleas	40	3 mo
	の下る七一	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR W	HICH OPERATION WAS		20a. AUTOPSY? YES		F YES, WERE FINDINGS S OF DEATH?	CONSIDERED IN CE	RTIFYING
ICIAN:	aspital ar of certificate ho hed for use of. of Health	MEDICAL CE	21o. ACCIDENT WAS UNDERLY! DR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	HOUR A.M.	Month Doy Ye	or 19	OW INJURY OCCURRED	Enter noture of inj	ury in Port 1 or Port 2	, Item 18.)	
PHYS	l by the haspita After this certific be detoched fi Stote Dept. af H	W	While Not while at work of work	PLACE OF INJURY	OFFICE BUILDING, ETC.		OCATION Street or R		y or Town	County	Stote
ATTENDING PHYSICIAN:	OR: After auld be a the State		220. I certify that (I) (the saw the deceased courses stated above	dive on the	ulx	_1967, on	d that in (my) (a		occurred on the		(I) (we) las
TO HOSPITAL OR ATTENDING PHYSICIAN	Page 4 moy be retained 5 FUNERAL DIRECTOR: A directar, page 3 shauld shauld be filed with the	-	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	1	Bal	DEGF	ATTENDING PHYS. 22e. ADDRESS	MED. DIRECTOR C	STAFF D	une 11	1969
HOSPII	FUNER FUNER irectar, hauld b	230	BURIAL CREMATION. 23b.	DATE		OF CEMETERY OR	CREMATORY Mansolenn	23d. 00CAT	ION (City or Town) Lensburg.	Maryla Maryla	(Stote)
01	VR A15 VA 30M REV. VAR	24		ne 14,190 18434 G rey. Inc	eorgia 1985 Silver	Sauce	2So	REC'D BY REGISTRAR UN 1 9 191	2Sb. REGISTRAR		Ra



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08685 CERTIFICATE OF DEATH DECEASED-NAME First Middle tost 20. DATE OF DEATH executed within 24 haurs after deoth. (Type or print) Bessie Louella Sinclair June physicion and campierery moves. Pages 1 en please remove carbon papers. Pages 1 filled in by the poper I 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) HOURS Female White February 1. 1883 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY?
America 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country Maryland Montgomery WIDOWED T DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR washington Sanitarium and House most of working the even if retired.) INDUSTRY DOME Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marvland COUNTY Fince Georges Langley Park YESE 1407 Merrimac Drive 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last George Goode Tda Stover dertifiente 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Mildred C. Lowis Daughter Address Yes, no, or unknown) (If yes give war or dates of service) burial, cremotian, or remaval, 1407 Merrimac Dr. Langle 200000000000000000t attending p APPROXIMATE INTERVAL SETWEEN ONSET AND GEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 3-4 days permit. Cardiac Failure IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Generalized Atheroscleresis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use os the prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO D director, page 3 should be detached for use shauld be filed with the State Dept. of Health certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County TO FUNERAL DIRECTOR: After this While Nat while at wark ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram MAY, 19 1963ta Vin 14, 1969, that (1) (we) last saw the deceased alive an 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the O HOSPITAL OR ATTEND Page 4 moy be retained caases stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3. 11161 New Hampshire Ave 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) Glenwood Cemetery Bladensburg 1969 Parte 18434 Georgia Popularine 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 Meleoner Warner E. Pumphrey, Inc., Silver Spring, Md. DATE UN 18



1	Item 11 Film G 11 III CONTROL OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08686
	CERTIFICATE OF DEATH
or death. Coneral and 2 er death.	1. DECEASED-NAME (Type or print) Boby Giel Selection (Type or print) Co. DATE OF DEATH (Type or print) Co. D
affer ages ages	3. SEX S. DATE OF BIRTH June 14 1969 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. WONTH'S DAYS HOURS MIN
in by	70. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED
within 24 l	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 121. KIND OF BUSINESS OR INDUSTRY
executed within 24 haurs after death de completely filled in by the Coneral amy event, within 72 houts after death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Car Web. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 1
ficate be executed within 24 ysician and campletely filled please remove carban pape il, and in any event, within 7	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ificate nysician please al, and	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address .
requires that the death certificate be exemply signed by the attending physician and constraint permit. Then please remained by the attending abusing the second and the second the secon	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS O CONSEQUENCE OF
TE 91 The law requires that the attending physician. has been signed by the se as the burial-transit in priar to burial, cremating.	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF Laboration (algorithm) and the laboration (algorithm)
law required been signed by the purious to be pure purious to be purious to be purious to be purious to be purious	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING.
r The In after the has I we has I was as all has I	YES NO CAUSES OF DEATH?
SICIAN spital c srificat ed for af Hec	Contributing Cause of Ocath HOUR A.M. Month Doy Year HOUR A.M. HOUR
G PHY the ha r this cr detach te Dept	While Not while at work of twork of work
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to	22a. I certify that (I) (this hospital) ottended the deceased fram, 19, ta, 19, that (I) (we) last sow the deceased olive on, 19, and thot in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the body ofter death.
DIRECTOR AND SECTION OF A STATE O	22b. SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR PHYS. 22c. DATE SIGNED
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
TO HC Page TO FU direc	230. BURIAL (REMATION) 23b. DATE (Specify) 23b. DATE (Specify) 23c. NAME OF CEMETERY OR CREMATIORY TOWN) (County) (Stote) (Stote) (Specify) (Spe
VR A15 45M - 1 69	24. FUNERAL DIRECTOR ADDRESS ASSO. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS DATUN 2 0 1969 ACCORDED TO THE PROPERTY OF THE



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital or attending physician.

30M REV.

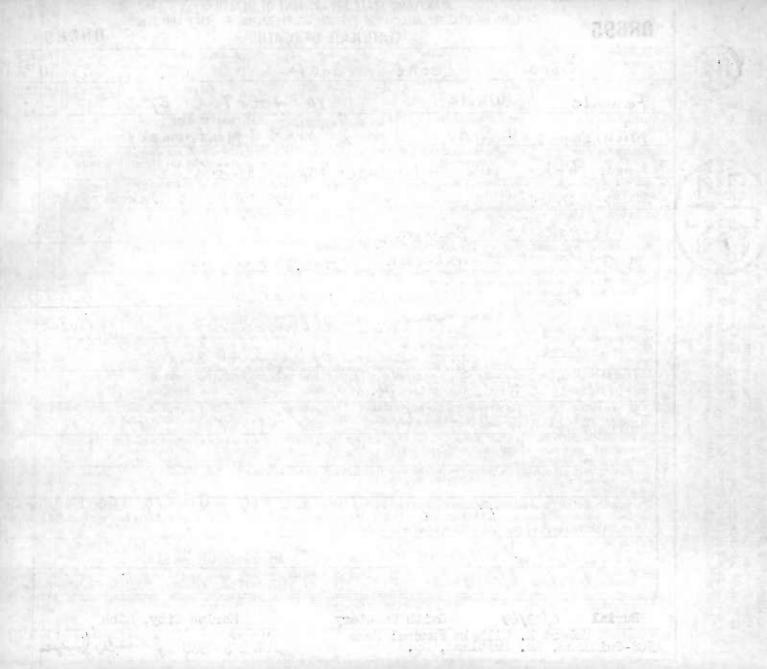
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

8		08694	DIVISION OF VIT			OF DEATH	RYLAND 21201	086	08688		
26513		CEASED-NAME First	120 000	Middle	Lo	st	2o. DATE OF		6.035	2b. HOUR A	
-	(1	ype or print) Ralph	ı Ke	ndall	Smi	th	.T.	Month	ρογ 4. 196		
	3. SE		4. RACE			E OF BIRTH		6. AGE (In years lost birthdoy)	IF UNDER I YE	EAR IF UNDER 24 HRS.	
		Male	Whit	e	30	April 19	18	lost birthdoy)		DAYS HOURS MIN.	
	70. E	SIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT		MARRIED NEV		9. COUNTY OF	DEATH			
	cour	Illinois	U.S.A.		WIDOWED DIVORCED		Montgomery			Mo	
	1D. C	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITU	JTION (If not in ho	spital 120. USU/	AL OCCUPATION	(Kind of work don		12b. KIND OF BUSINESS OR	
7	I	Bethesda	The	t oddress) Clinical (Center.	NIH during m	ost of working Ine Sea	life, even if retired man	I.) INDUSTR		
E.	130.	USUAL RESIDENCE (Where deceo	sed lived, if institution:	Residence before 13	13c. CITY OR TOWN 13d		13d. INSIDE CITY LIMITS? 13e. STREET AND NUME		WBER Ant. C-1		
1	oami	ssion) STATE Michigan	18b. COUNTY		Detroit YE		YES → NO □ 1580		od Stre	Street,	
2	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTH	ER'S MAIDEN NAME F	irst	Middle		Lost	
5		William	L.	Smith		Vir			Ker	ndall.	
		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.		7. INFORMANT The Medic		cord Address			
		es, no, or unknown) (If yes give to	3	56-09-7338	The C	linical C	enter.	NIH. Betl	nesda.	Md. 20014	
		18. CAUSE OF DEATH (Enter or							API	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUSED BY: Acute myocardial infarction								1 day	
		4109		CONSEQUENCE OF							
	-37	(Conditions, if day, which gove) Severe Coronary atherosclerosis								years	
		rise to immediate couse (a). Storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF Stenosis									
	19	last.	(c) Rhe	umatic hea	art dise	ase with	regurgi	tation ar	nd/	years	
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT R	RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIVE	N IN PART 1(o)			
	N	Extensive	pulmonary	emphysema	3.						
1	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH (OPERATION WAS PERFO	RMED 2D	a. AUTOPSY?		YES, WERE FINDING	S CONSIDERED	IN CERTIFYING	
	RTIFI					YES 🔀 NO 🗌	CAUSES	OF DEATH?	Yes	100000000000000000000000000000000000000	
		210. ACCIDENT WAS UNDERLYI			21c. HOW INJ	JRY OCCURRED (Ente	r noture of inju	ry in Port 1 or Port	2, Item 18.)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ner) P.M.	onth Doy Yeor							
	ME	21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT FORFI	OME, FARM, STREET, FACTORY CE BUILDING, ETC.	21f. LOCATION	Street or R.F.D. No	. City	or Town	County	Stote	
	W.	22a. I certify that (X) (the sow the deceased of	is haspital) attend	ed the deceased	from 25 M	ay , 19 1	69 , ta_4	June,	19_69,1	hat XI) (we) lost	
		couses system abov	e. D) (we/(did) (did	DOM) view the boo	dv after death.	in (NOX) (ont) obi	inion deoin d	occurred on the	date and no	aur and from the	
		22b. SIGNATURE//	1/1/1					2	2c. DATE SIGNED		
1		Ples	1 Cide	N		TTENDING D	AED. DIRECTOR	STAFF PHYS.	5 June	1969	
1		22d. PHYSICIAN'S	CALL STREET		2	2e. ADDRESS The	Clinic	al Center	r, Nat	ional	
		NAME (Type) Alan	Rider, M.D			Institutes of Health, Beth					
	230.	DEMOVAL (C: (C.)	DATE	23c. NAME OF CEM	ETERY OR CREMA	TORY	23d. LOCATIO	ON (City or Town)	(County)	(Stote)	
			/7/69	Hewitt C	emetery		Loving	ton.		I11.	
)		FUNERAL DIRECTOR	3773 D 3	ADDRESS		2So. REC'D B	BY REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE		
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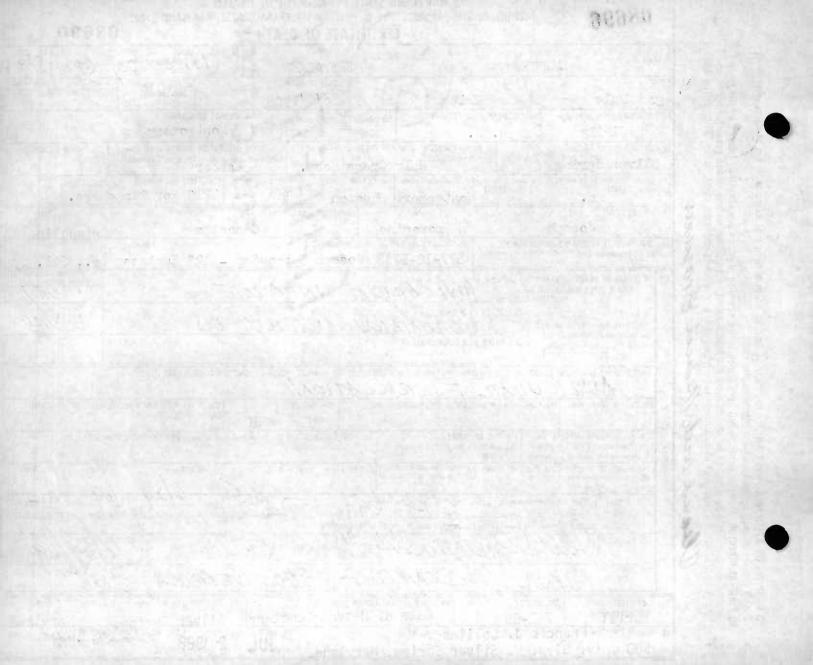
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08695 08689 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 24 hours after death. (Type or print) Cora Month Leone ocia June 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNCER 24 HRS 6. AGE (In veors in by the Pages last birthdoy) burial, cremation, or remaval, and in any event, within 72 hours a temale 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH and campletely filled in t remave carbon papers. U.S.A Montgomery WIDOWED X DIVORCED Michigan campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Wash. D YES X Dumont 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Buck eorge Brayman please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address unknown Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT permit. IMMEDIATE CAUSE (o signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b_CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY2 Julistural obstruction CAUSES OF DEATH? TO HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while ot work 220. I certify that (I) (this hospital) attended the deceased from Java 16, 1969, to Java 1969, 1969, that (I) (we) last saw the deceased alive an Java 1969, and that in (my) (aur) apiman death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL IS REALLY Smith Cemetery Marine City, Mich 24. FUNERAL DIRECTOR Robert E. 4308-Suitland, Rd. Wilhelm Funeral Home Suitland, Md.

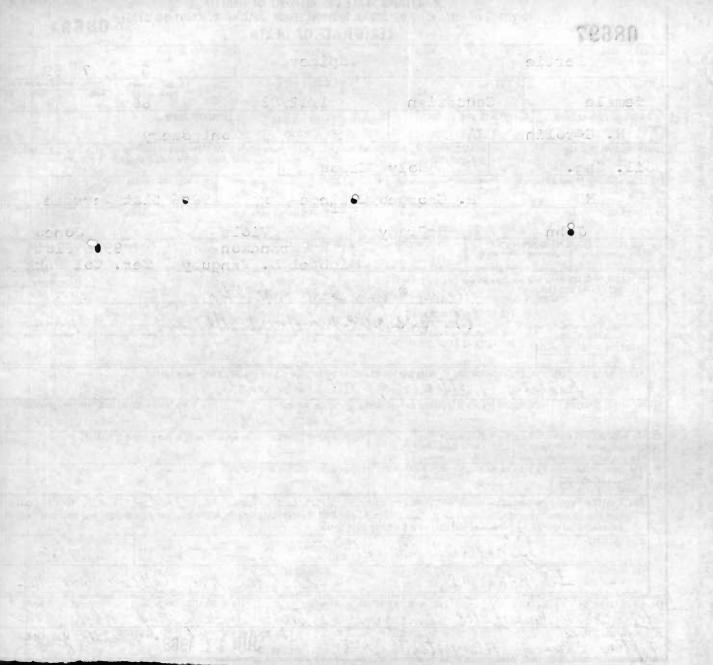
MARYLAND STATE DEPARTMENT OF HEALTH



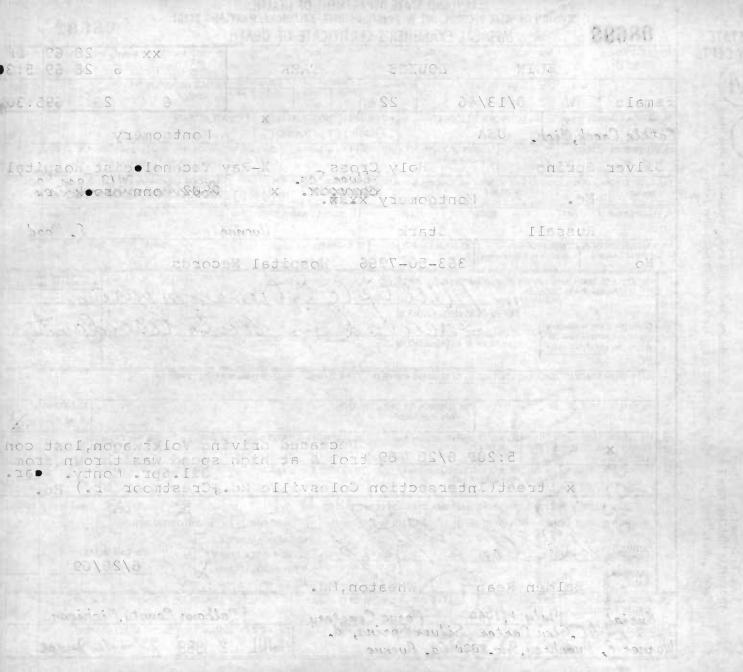
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	death.		CEASED-NAME ype or print)	First ANDR	EW	Middle	S	Lost PARACIN		DATE OF DEATH	2000	609	26 HOUR 8 30 M	
	by the funeral Pages I and ours after death	3. SE	x Male		4. RACE	White		S. DATE OF BIR		6. AGE (In y	rears ay) yRS.	IF UNDER 1/YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN	
6	n 24 hours illection by papers. P	7o. f	BIRTHPLACE (State or fortry) Sicily	oreign 7b	CITIZEN OF	WHAT COUNTRY?	8. MARRIED [NEVER MARR	ILU	Montgomer	7		Md.	
	within 2 bon gop within		ITY OR TOWN OF DEAT		11. giv	NAME OF HOSPITAL OR I	NSTITUTION (If no	Hosp.	12a. USUAL OC during mast of	CUPATION (Kind of wo f working life, even if arber	rk dane retired.)	12b. KIND OF B	USINESS OR	
	mplet e car	13a. admi	USUAL RESIDENCE (Whossian) STATE Md.	nere deceased	lived, if instit 13b. COUNTY	tutian: Residence betari	13c. CITY OR	IOWN 13	YES NO	13e. STREET AND NU 2213 Herr	MBER	e Ave.		
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	physician en please aval, and i	16a. Y	was deceased ever les, na, ar unknawn)	N U.S. ARMED (If yes give war or		16b. SOCIAL SECURIT		FORMANT seph Sp	aracino	- 123 East	ddress	0 0		
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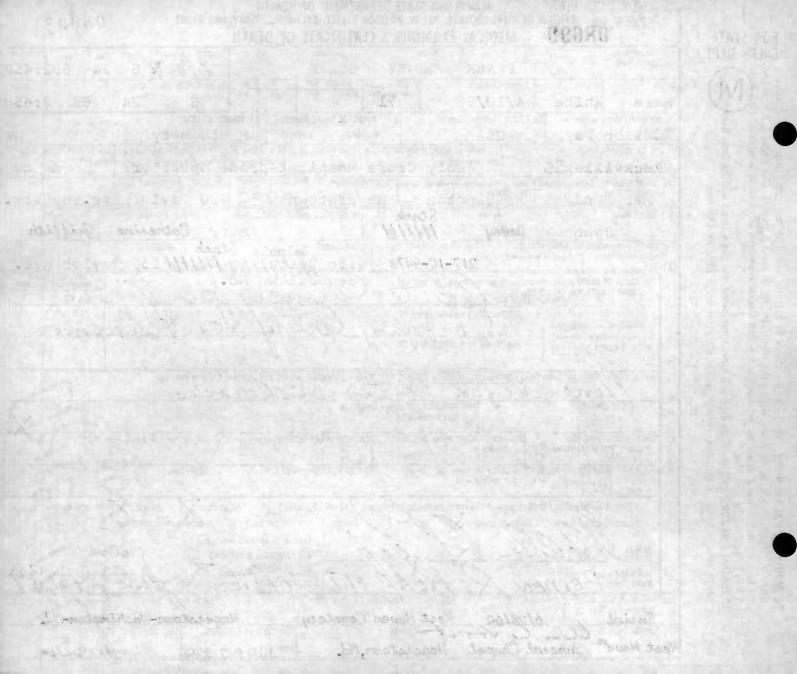
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08691 CERTIFICATE OF DEATH 1 DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR Spicer (Type or print) Bertie 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) OAYS 1/12/03 female Caucasian 66 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED N. Carolina USA WIDOWED S DIVORCED | Montgomery campletely Killed 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY remave carban Sil. Spg. Cross 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY NO 9906 51st Terrace and in any MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle John McGradv Viola Jones 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address 9 6 grandson Yes. no. or unknown) crematian, or remaval, Tanquay Col Pakk 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY suddens IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Chr. princhilis 190. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? NO TX YES 🗀 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while of work OFFICE BUILDING, ETC. TO FUNERAL DIRECTOR: After director, page 3 shauld be c 22a. I certify that (I) (this hospital) attended the deceased from ______ 6/5 1969, and that in (my) (our) apinian death accurred an the date and have and from the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 200. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08692 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20. DATE KNOWNER Month 6 Doy 2 8 Year 9 2b. HOLK (Type or Print) ESTI-ELIN LOUISE STARK 28 169 5:30 DEATH MATED delay 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 22 YRS HDURS 28 Year 8/13/46 Female W 19 695: 3QI 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED S 9. COUNTY OF DEATH Battle Creek Mich USA WIDOWED DIVORCED Montgomery State 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) Ho during most of working life even if efficied). INDUSTRY X-Ray Technol gist Hospital the Silver Spring 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 1300 CHY ON PORTAL INSIDE CITY EIMITS? SIREFLAND-NUMBER 2412 ROSA ROGO death. and 2 with odmission) STATE 13b. COUNTY in Item 18. Montgomery ofter 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Middle Russell Stark Yvonne Wood pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO pencil 17 INFORMANT **ADDRESS** (Yes no, or unknown) 363-50-7966 Hospital Records File APPRDXIMATE INTERVAL be executed within 1B. CAUSE OF DEATH (Enter only one couse per line to (b), (b), and permit. BETWEEN DISET AND DEAT PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (o) event AS A CONSEQUENCE OF DUE TO. OR burial-transit Conditions, if ony, which gove rise to immediate couse (a) shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = and This certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 OS removal nsed CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗌 pe shauld be 21_HOW INJURY OCCURRED (Internative of injury in Part 1 or Port 2, Item 18.)
Deceased driving Volkswagon, lost 21o. EXTERNAL CAUSE WAS P 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH EXAMINER: crematian, MEDICAL 6/28 1969 trol & at high speed was thrown 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. SMI Towspr. Monty. Street(Intersection Colesville Rd. Crestmoor FUNERAL DIRECTOR: Page burial, 22a. I certify that I took charge of the remains described above, held an Inspection \ Autapsy and in my apinian Inquiry A retained death resulted from Accident Hamicide Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be 6/28/69 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Belden Reap Wheaton, Md. the 50 BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Morga Cemetery Calhoun County Michigan 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Ochon as VR A15ME (5) 1969 umphrey Inc \$434 Ga. Avenue 10M REV. 1/68



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be executed within "pending" in pencit nief Medical Examine onsit permit. File pog event within 72 hou		18. CAUSE OF PART 1. D	DEATH (Enter only EATH WAS CAUSED	ane cause per line BY:	lor (a), (b), a	ad (c)	Hagers	4.4	Ma.	1. 00	BETW	FEN ONSET AND DEATH
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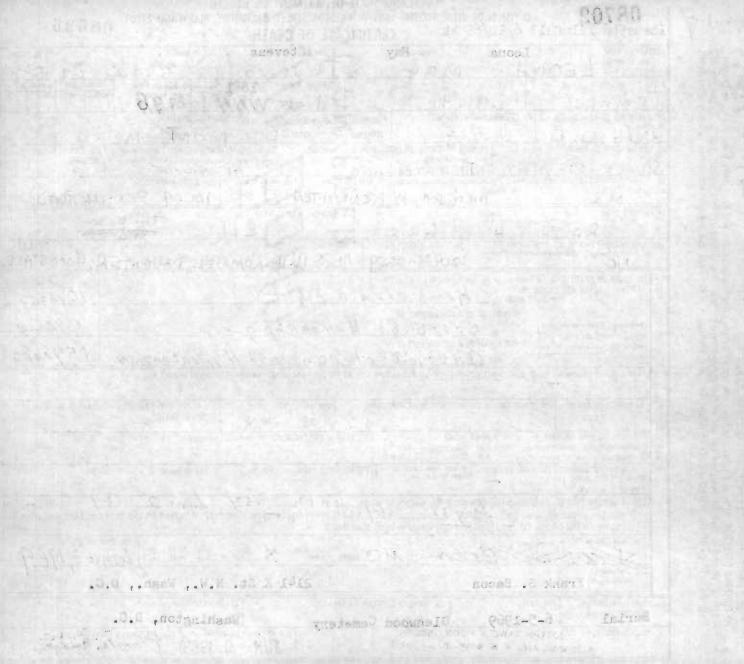


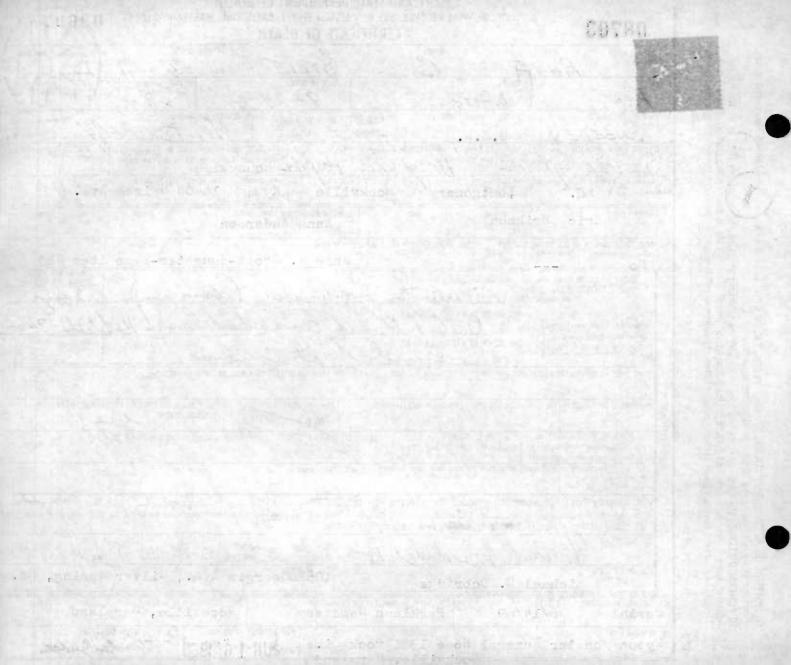
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08694 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. Middle 1. DECEASED-NAME First Last 20. DATE KNOWN Month Day 2b. HOUR (Type or Print) Charles ESTI-,69 H. Staub 6 14 Poge DEATH MATED deloy and 3 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup 10 69 white 11/27/19 Dpy4 male 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED De along with form country)Baltimore U. S. Montgomery WIDOWED [DIVORCED [Give Pages the State ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRYNOL during most of working life even if retired.) give street address) Silver Spring Cross 13d INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 10106 Montgomery-Silver YES NO Greeley Ave Office ond 2 Item ofter Middle 14. FATHER'S NAME First Middle Sadie M Meyer Staub John H hours should be forwarded to the Chief Medical Examiner's pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknawn) Wife-10106 Greeley Ave SS Md VAS APPROXIMATE INTERVAL within . = executed 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c), permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OF AS A CONSEQUENCE OF buriof-tronsit Canditians, if any, which gave rise to immediate couse (a). ony should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . = puo certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe 210. EXTERNAL CAUSE WAS 0 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) pluods PRIMARY OR CONTRIBUTING HOUR A.M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. Ng. City or Town County Stote factory, office building, etc.) may be retained for your FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described abave held an Autapsy Inspection Inquiry and in my opinion the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPLITY MEDICAL EXAMINER 5 may TO FUNE Health NAME (Type) OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b DATE 23d. LOCATION GAS 6-18-69 Baltimore National re Maryland
256. REGISTRAR'S SIGNATURE Baltimore. Francis J. Collins 2Sa. REC'D BY REGISTRAR Mularles VR A15ME (5

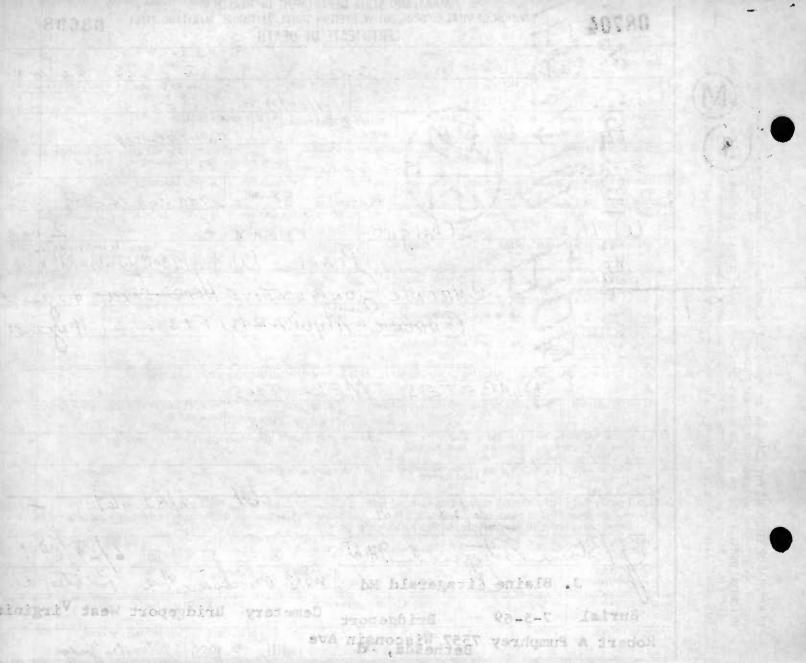
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tific hys n p val,		(es, na, ar unknown) (It yas give war or dates of service) 220-38-2659 MRS. W. H. ROMMEL, DAUGHTER, 4000 MASS
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equires that the death certificate be exemply sized by the attending physician and control transit permit. Then please remain burial, crematian, ar remaval, and in any		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hem: Plegia Right 1040 a Right
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JING PHYSICI by the haspit ffer this certif be detached State Dept. af		While Not while of work Art work Office Bulloing, Etc.
DING by the offer offer State		22a. I certify that (1) (this hospital) attended the deceased from Jan 19, 19,5 4, to //we 7 19,64 that (1) (we) to
ed to the She She She She She She She She She S		22a. I certify that (I) (this hospital) attended the deceased from Jan 13, 19.54, to June 2, 19.64, that (I) (we) los saw the deceased alive on May 31 19.67, and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
R ATTEND retained recTOR: A 3 shauld with the		
DR J S S S S S S S S S S S S S S S S S S		ATTENDING MED. STAFF TO ALL MILE SIGNED
AL AL O	Н	22d. PHYSICIAN'S 1220 ADDRESS
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INCODRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08700 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWND 2b. HOUR (Type or Print) DEATH MATED JUNE 6. AGE (In years 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Apr. 15, 1892 Year WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH pages I and 2 with the State Dep Kentucky WIDOWED K DIVORCED MONTOOMERY 18 Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR olongwith give street address) < during most of working life, even if retired.) **INDUSTRY** GBURBAN after 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY CONNECTICUT 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME Henry D. Giles Sarah Belle Cunning 806 Apples th St. N.W. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknawn) 78-52-1987 MARY CONNECLY Washington. D. File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: neumonie - Bronzhia IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF arbituate overdose-Conditions, if ony, which gave rise to immediate cause (a), writing the word should DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal used 19b. CONDITION FOR WHICH OPERATION 19g. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING burial, cremotion, Took over close of Barbituales_ CAUSE OF DEATH City or Tawn 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE 4740 Communite Washington. 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 🖂 Inquiry 79 and in my opinion Natural couses , Accident , Suicide A Hamicide death resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **FXAMINER'S** 5 may TO FUNE Health JOHN Bethesda, Md. ADDRESS(Street, city, town, ar caunty) NAME (Type) the 230. BURIAL MENDALIDA 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) Rockville Cemetery 6-14-69 Rockville, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) PUMPHREY 10M REV. 1/68